Rhetoric(s) of the Black Church: Sex, Religion, and HIV/AIDS
Across the African Diaspora

by

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This dissertation examines the rhetorical strategies, underpinnings, and justifications of Black Disaporic religious rhetoric and pastoral communication surrounding the HIV/AIDS crisis that disproportionately affects people of African descent. Specifically, this dissertation focuses on three areas of the world currently ravaged by AIDS--sub-Saharan Africa, the Caribbean, and the United States--as they can best provide a representative sample of both world-wide HIV/AIDS cases and diverse Christian churches that speak to the multitudes on a weekly, sometimes daily, basis through a culturally geographic and theologically grounded rhetoric.

This study employs rhetorical criticism, oral history theory, and critical ethnography as lenses in examining the representative samples of pastoral communication collected in Africa (Kenya, Uganda, and South Africa), the Caribbean (Jamaica and the Bahamas) and the Washington, D.C. area. Together, over thirty-five Protestant pastors, bishops, and religious leaders of African descent from these respective regions were interviewed for this study. Additionally several African, Caribbean, and African-American faith-based, medical and non-governmental organizational leaders were interviewed.

Excerpts of HIV/AIDS religious rhetorics used in this dissertation suggest that there is a struggle deep within the soul of the church that is fluidly situated within a highly nuanced Du Boisian double-consciousness, in terms of the religious response to HIV/AIDS as it cuts across
sexuality, sexual orientation, and gender, in particular. Thus, each chapter of this dissertation gives critical attention to the suasive strategies employed by religious leaders as they seek to reconcile salient and subtle tensions identified within their pulpitized religious rhetorics on HIV/AIDS with the wider social, epidemiological, and etiological contexts, intersections, and implications of their religiously grounded messages.
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1.0 INTRODUCTION

The destructive effects of HIV/AIDS on humankind has become the focus of international attention, even beyond victims, their families, and their health practitioners, from leaders of the faith community who are entrusted to preach sacred words of life, hope, and grace to the hurting in times of hopelessness. This has been the case, despite these leaders’ traditional reticence to address openly the interrelationship of sexual practices, sexually transmitted diseases, and the larger society. Take, for example, this statement from a 2010 oral history interview given me by Reverend Al Miller, senior pastor of Fellowship Tabernacle in Kingston, Jamaica, who makes the issue very plain. He said, “I am strong on the issue from a kingdom perspective that we must deal not just with the thing [HIV/AIDS] but the systems and structures that facilitate it . . . the poverty, the lack of education, the corruption in the nation.”1 In another interview that same year, Reverend Denza Cunningham, senior pastor of Christ Community Church in Nassau, Bahamas, spoke of the gravity of the epidemic in his country and to the breadth of religious rhetoric needed to address the issue. He said it this way: “since HIV/AIDS is a real issue in the Bahamas, there is a high rate of it especially among young people. We deal with it not only from the pulpit, from preaching and teaching, but in our various ministries. It is addressed on the children’s level straight up to the adult level of our church.”2 In an interview I

1 Rev. Al Miller, interviewed by Christopher A. House, June 21, 2010, digital recording in possession of
2 Rev. Denza Cunningham, interviewed by Christopher A. House, June 30 2010, digital recording in possession of interviewer.
conducted in South Africa in 2009, Pastor Titus Sithole recounted how he used his sacred space of influence to speak to the issue of HIV/AIDS as part of his divine mandate to preach the gospel. He poses no moral qualms about this move as he bluntly stated that for three months, “I begin to preach on HIV/AIDS from the pulpit. I read, I studied and preached on it from every angle.”

For all these leaders, the HIV-AIDS crisis has occasioned an important broadening in the scope of their ministerial rhetoric. This dissertation focuses on how that shift took place, as revealed in their own words.

One may ask, why focus on religious rhetoric? While religion has been at the center of many bloody battles and other human conflicts and could thus arguably been seen as contributing as much to the problem as providing solutions to it, it still has been one of the most powerful forces in shaping human thought and behavior throughout history. Questions surrounding how to understand better the rhetorical power that resides in the collective voice of religious institutions and how that voice and power has subsequently been used to improve the human condition are the impetus of this dissertation. Historically, Judeo-Christian traditions and scriptures brim with examples of trusted individuals who were “called” by God to be his spokespersons to stand in sacred spaces and to address exigencies of social ills, epidemiological crises, and destructive individual behaviors within religious communities. Many such individuals, as I will describe below, have felt called to address the HIV/AIDS crisis.

Many scholars have already focused on the rhetorical dimensions of earlier historical instances of religious public address, especially in sermons, but few have addressed the religio-

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rhetorical challenges posed by the HIV/AIDS crises for people of African descent, the world over. It is a shocking lacuna in the scholarship, for HIV/AIDS is becoming, with growing numbers of cases of infection, the number one threat to the existence of this specific group of people, millions of whom rely upon Christian churches for succor. The overarching goal of this dissertation, “Rhetorics of the Black Church: Sex, Religion, and HIV/AIDS Across the African Diaspora” is to identify and examine the rhetorical justifications, warrants, strategies, tensions, and underpinnings of religious rhetorics, pastoral communication, and other rhetorical pastoral work surrounding the HIV/AIDS crisis that disproportionately affects people of African descent.

What is this disease? HIV is the human immunodeficiency virus that leads to acquired immune deficiency syndrome or AIDS. HIV is transmitted from an infected person to another through blood, semen, vaginal secretions, and breast milk. Within weeks of being infected with HIV, many people develop flu-like symptoms that last for a week or two. Once these symptoms subside, people infected with HIV can live for years feeling healthy, even while the virus is still affecting their immune systems. During these years HIV damages this person’s body by destroying specific blood cells, called CD4+T cells, which play a vital role in helping the body to fight off diseases. Medication used to treat HIV has been effective in limiting or slowing down the destruction of the immune system caused by the disease and may reduce the infected individual’s ability to transmit it. AIDS is the late stage of HIV infection. At this stage, one’s

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immune system is so damaged that it has very little chance of fighting opportunistic diseases and certain cancers. It is during this stage that death is imminent as one succumbs to opportunistic diseases because of the severely weakened immune system.  

HIV/AIDS respects no geographic boundaries, yet there are three areas of the world currently ravaged by AIDS—sub-Saharan Africa, the Caribbean, and Washington, D.C.—that are worthy of study. The UNAIDS Joint United Nations programme on HIV/AIDS released their “2009 AIDS Epidemic Update” report that found the Sub-Saharan Africa region most heavily affected by HIV/AIDS. They stated that Sub-Saharan Africa accounted for 67% of HIV infections worldwide in 2008. Among the Sub-Saharan countries, HIV prevalence for South Africa was 16.9%, Kenya at 7.8%, and Uganda at 6.4%. UNAIDS went on to report that outside of sub-Saharan African, the Caribbean has been more affected by HIV/AIDS than any other region as it has “the second highest level of adult HIV prevalence” (1.0% [0.9-1.1%]). Within the Caribbean countries, the Bahamas stands out for having a 3% adult HIV prevalence, followed by Haiti at 2.2% and then Jamaica at 1.6%.  

Even as rates of adult HIV incidence and prevalence of Sub-Saharan Africa and the Caribbean are staggering, in 2009, the Associated Press also reported that, based upon a 2008 epidemiology report by the D.C. HIV/AIDS administration, African-American communities’ adult incidence of HIV/AIDS there is equally staggering. Specifically, the Washington, D.C.,
area was named having at least 3% of their residents living with HIV/AIDS. These numbers placed Washington, D.C., “on par with Uganda and some parts of Kenya” in terms of the HIV/AIDS rates.\(^\text{10}\) Most recently, in an alarming study based upon analyzed HIV surveillance data, vital statistics data on general and HIV-specific mortality, and U.S. census data from 2007, a Center for Disease Control report released on October 15, 2010, now places the estimated lifetime risk for HIV diagnosis for African-Americans at 1 in 22.\(^\text{11}\)

Such are the dimensions of the crisis that Christian religious leaders feel called upon to address. Indeed, their theology compels them to do so. Theological anthropology is concerned with Christian theological understandings of human life and redemption with attention to the fundamental doctrines of scripture, God, creation, the fall of humankind, original sin, justification, sanctification, human destiny and \textit{Imago Dei} (image of God). Religion scholars suggest that it is the doctrine of \textit{Imago Dei} within the context of HIV/AIDS that should compel Christian churches into the battle against it.\(^\text{12}\) This theological position maintains that Christian theology is grounded in the belief that humankind is made in the image of God, and, thus, Christian churches have a biblical mandate to address any entity that threatens the \textit{Imago Dei}. Therefore, this understanding calls churches and all humanity to rethink their obligation, mandate, and ethical responsibility to people affected by HIV/AIDS.\(^\text{13}\) Since churches have now begun to face the reality of HIV/AIDS, they now confront the challenge of a formulating a theological response to HIV/AIDS. Paula Clifford suggests that such frameworks must address

\textit{10} Jose Antonio Vargas and Darryl Fears, “At Least 3 Percent of D.C. Residents Have HIV or AIDS, City Study Finds; Rate Up 22% From 2006,” http://www.washingtonpost.com/wp dyn/content/article/2009/03/14/AR2009031402176.html; (October 2010).


\textit{13} Bongmba, \textit{African Church}, 6.
fundamental questions about God in relationship to humankind within the context of HIV/AIDS. In a pointed statement, she writes:

A theological framework that facilitates discussion on the nature of God and his relationship with humankind living with HIV/AIDS needs to accommodate searching questions and changing realities. We need to ask fundamental theological questions in a new context and expect to find some answers. For example, what does it mean to talk of the goodness of God in the context of HIV/AIDS? We need to find answers that are relevant to people affected by HIV/AIDS and their careers, as well as to people for whom HIV/AIDS is far removed from their own experiences and consciousness.14

Religious leaders must therefore bring together rhetoric and theology in innovative ways to address the reality of HIV/AIDS within a faith context. This “Theology of HIV/AIDS” is not the impetus or exigence that calls forth utterance and action from the church, according to rhetorical theorists.15 Rather a theology of HIV/AIDS is the doctrinal position that, normatively, should inform and shape the discursive responses to HIV/AIDS from the church.16 Ultimately, of course, any rhetorical response to HIV/AIDS from a church is essentially a theologically informed response to HIV/AIDS. Theologically grounded pastoral communication concerning HIV/AIDS, as opposed to secular communication, is an important approach in addressing the

disease because of the holistic standpoint from which the issue is addressed. Christian understanding of the nature of humankind is that of tripartite being. Thus, pastoral communication is enacted with an eye toward ministering to the spirit, soul, and body, of a person infected with HIV/AIDS, and, more often, offering spiritual and emotional support through their congregations to those infected with HIV/AIDS. Furthermore, given their long tradition of pastoral care, education, healthcare, and concern for social justice, as well as ministers’ unparalleled local networks, pastors and churches are positioned well to play a crucial role in HIV awareness that is theologically tenable. However, these HIV/AIDS theologies must offer practical solutions and answers as part of their theological responses.

To assist in the conceptualization of such theologies, in December 2003, academic theologians meeting in Windhoek, Namibia, identified seven theological themes that first need to be addressed in order to effectively develop a theological framework to respond to HIV/AIDS. Those seven themes are: 1) God and Creation, 2) interpreting the bible, 3) sin, 4) suffering and lamentation, 5) covenantal justice, 6) truth and truth-telling, and 7) the church as a healing, inclusive, and accompanying community. Following this conceptualization, I examine, through grounded inquiry, how these churches have used their most powerful weapon of religious rhetoric, along with everyday pastoral work, as a means of creating a theological framework by which to help people of African descent lead their lives under the shadow of HIV/AIDS, reconfigure at-risk behaviors and practices, and to counteract the disproportionate epidemiological presence of the disease in their communities.

19 By grounded inquiry, I mean informal induction from oral history testimony to distinguish it from the more formal protocols associated with Grounded Theory Method of Barney Glaser and Anselm Strauss. For more on this use of grounded inquiry, see Gene Wise, American Historical Explanations: Strategy for Grounded Inquiry (Minneapolis: University of Minnesota Press, 1980)
I acknowledge the work that the Catholic Church has done to address the HIV/AIDS pandemic;\textsuperscript{20} however, for sake of manageability, I focus on that of Protestant churches (e.g., Baptist, Evangelical, and Pentecostal/charismatic) that are led by pastors of African descent, as these churches are growing in numbers faster than many mainline denominations in the areas under consideration. Furthermore, these types of churches are largely outside of formal national or international ecclesiastical hierarchies—they thus can be more responsive to their congregants without having to answer to higher authorities for their actions or look there for guidance on their AIDS policies. The carefully selected countries of Kenya, Uganda, South Africa, Jamaica, and the Bahamas—along with the highly impacted District of Columbia in the U.S.—furnish fruitful areas of study that can best provide a representative sample of both HIV/AIDS cases and diverse Christian churches that speak to the multitudes on a weekly basis through a culturally geographic and theologically grounded religious rhetoric.

I argue that Black religious leaders across the Diaspora address HIV/AIDS through pulpitized rhetorics using a multiplicity of strategies, justifications, and warrants that are fluidly situated within a rhetorical space that is caught in a highly nuanced Du Boisian double-consciousness.\textsuperscript{21} I contend that the biblical account of the prayer of Jesus to His Father, as recorded in the gospel of John 17, holds profound clues for one who seeks to identify, examine, and understand the religious rhetorics of the black church. According to the gospel of John, Jesus prayed:


Holy Father. . . I have given them thy word; and. . . they are not of the world, even as I am not of the world. I pray not that thou shouldest take them out of the world, but that thou shouldest keep them from the evil. They are not of the world, even as I am not of the world (emphasis mine).\(^2\)

As one rooted in the black church and Christian faith, I argue that this verse of scripture is, without a doubt, representative of multiple verses that speak to the duality of the church’s identity and function, that being both a spiritual and social institution. Jesus’ claim that his followers, i.e., the church, would be in the world, is interpreted to mean that his believers would have a presence in the world, be engaged in social issues effecting the world, thus leaving an indelible mark upon the world as followers of Christ. Whereas Du Bois spoke of this “two-ness” within the context of the black person who views himself through the eyes of the white world and at the same time having an ocular sense of one’s own identity, for the Christian, the two-ness becomes apparent as Jesus said that although we would live in this world that we are “not of this world.” This statement is interpreted to mean that the church, i.e., followers of Christ, would be unlike the larger non-Christian society in terms of their commitment to embodying a different worldview, set of norms, and belief system. Therefore, the excerpts used in this study suggest there is a struggle within the soul of church. In other words, the black church’s response to HIV/AIDS seeks to reconcile the expectations and implications that are placed upon her by the larger society with the norms and standards that she holds for herself, as understood in scripture. On some issues there is harmony, and on others, cacophony. Thus, much like the African

\(^2\) John 17: 11-16.
American in Du Bois’ articulation of a double-consciousness, the black church feels her “twoness”—in the world, but not of this world, “two souls, two thoughts, two unreconciled strivings; two warring ideals” within one community disproportionately infected and affected by HIV/AIDS.23 As we will see, at several points in this study, there appear to be profound moments of contradiction in my narrators’ religious rhetorics on HIV/AIDS. For example, in several cases across the Diasporic countries represented in this study one can recognize tensions within the church’s use of rhetorical strategies, justifications, and warrants on issues regarding HIV/AIDS and those infected and affected by the disease that appear to function as acts of resistance. Nevertheless, through the use of her rhetorics of accommodation, the church’s rhetorics simultaneously works in other ways that lend herself to the maintenance and stability of the very systems and structures that she seeks to destabilize, disrupt, and to challenge. However, I put forward that rather than viewing these rhetorical moments as mere contradictions, that these tensions are best understood in light of a highly nuanced double-consciousness, i.e., the church’s rhetorical shifting between two dialectic poles: being in this world, and not of this world.

1.1 CHAPTER DESIGN

In this study, I address pastoral communication on HIV/AIDS, examined in each respective location of study, chapter by chapter, as follows. The introduction presents the overarching research questions that guide this project, followed by a literature review of the relevant bodies of research pertaining to the topic. Specifically, the bodies of literature will examine, address, and establish the historical relationship between rhetorical theory/history and

23 Ibid., 9.
homiletics (the art of preaching). In addition to examinations of the discursive forms of preaching, attention is given to the materiality of the performance of preaching situated in a rhetorical space (i.e., the pulpit). Consideration is also given to the role, office, authority and social influence of pastoral figures within religious communities. This introduction offers, by way of background information, a general picture and understanding of the epidemiological presence and devastation of HIV/AIDS across the African Diaspora.

Each of the three regions (Africa, the Caribbean, and the U.S.) will have two chapters devoted to it: an overview and a case study. The rationale behind the overview/case study approach is that the overview sections will be devoted to introducing, from the perspectives of several of my narrators and extant relevant scholarship, the larger issues regarding pastoral communication about topics like human sexuality, sin, suffering, illness, and social justice. The case-study chapters will then address those issues more closely through textual engagement with oral history interviews, sermons’ texts, and other pastoral literature of a single minister (or couple), within a context of grounded inquiry regarding his or her local community. My selection of the specific narrators identified in the case-study chapters is due to the fact that their rhetorics on HIV/AIDS demonstrate a more nuanced and articulate approach than other informants. Furthermore, these narrators represent the best-case models, in their context and time, for progress on addressing the issue including PLWHA. Below I set forth and discuss the dissertations’ six chapters: (2) African Theologies on HIV/AIDS; (3) African Theologies on HIV/AIDS: A South African Case Study; (4) Caribbean Theologies on HIV/AIDS; (5) Caribbean Theologies on HIV/AIDS: A Jamaican Case Study; (6) African-American Theologies on HIV/AIDS and (7) African American Theologies on HIV/AIDS: A District of Columbia Case Study.
Chapter 1, “African Pulpit Oratory,” I analyze pulpitized religious rhetorics on HIV/AIDS studied within the African context (Kenya, Uganda and South Africa) through my narrators’ rhetorical uses of sermons, counseling sessions, small groups, dramas and prayers for healing. The findings in this section highlight my narrators’ use of rhetorical emissaries, rhetorics of hope and healing, and priestly and prophetic rhetorics that are often filled with rhetorical tensions. The most salient tension is found between my narrators’ sense of African identities and culture and their sense of their religious identities and convictions, in particularly, as they intersect on issues of human sexuality, sex, Christian sexual ethics, the question of condom use, divine healing and medicine (i.e., anti-retroviral medicine), male privilege, and “sin” (individual and structural), to name just a few. Moreover, in this chapter my findings point to my narrators’ rhetorical efforts to deconstruct the sexualized myth of HIV/AIDS as being the “gay” disease in attempts to render the many ways that all Africans are vulnerable to HIV/AIDS. However, in granting visibility to the vulnerabilities of heterosexuals, my narrators’ pulpitized rhetorics have further reinforced an invisibility of non-heterosexuals and the important ways that they are impacted and affected with HIV/AIDS, at the intersection of race, gender, class, and sexual orientation.

In this section, I include excerpts from oral histories I conducted with clergy members in each of the three nations I visited. In Kenya: Solomon Wakhunga, senior pastor, King Jesus Faith Ministry, Lugulu; Sarah Wafula, senior pastor, Pioneer and Deliverance Ministry; Emmanuel Mayeku Khisa, Bishop, King Jesus Faith Ministries; Alex Oachuti, senior pastor, Christian Mission Ministry; James Marunga, Apostle, Grace Community Fellowship; and Alfred Andati, senior pastor, Harvest Miracle Centre. In Uganda: Joseph and Frida KaKande, senior pastors, Christ Ambassadors Church; Juliet Enyagu Musone, Health Counselor; George Lmuangula,
senior pastor, Victorious Life Church; and John Kabuye, Bishop, National Fellowship of Born Again Pentecostal Churches. In South Africa: Victor Mokgotlhoa, senior pastor, Praise Tabernacle Church; Edward Phelta, senior pastor, Gateway Church; Patricia Nogxina, Director, Bophelang Community Hospice; Vincent Loate, Senior pastor, Emmanuel Christian Church.

Chapter 2, looking more closely at “African Pulpit Oratory,” interrogates the pulpitized rhetorics and HIV/AIDS ministry of Rev. Titus Sithole, pastor of the three-thousand-member Charity and Faith Mission church in Mamelodi, South Africa. In this chapter, I discuss the multidimensional rhetorical approaches that Sithole uses in addressing HIV/AIDS that includes sermons, public service announcements, booklets, workshops, hospice care, and ministry to orphans that inform his uses of rhetorical performances of religious bodies, rhetorics of identification and identificational (re)naming in ministering to South Africa’s citizens. Moreover, in this chapter, Sithole's responses to HIV/AIDS illustrates for readers the pluralism of rhetorical responses and views of religious narrators, as he demonstrates how the Diasporic church embodies a collective double-consciousness that renders the church's responses to HIV/AIDS as being both the most radical and most conservative at the same time.

Chapter 3, “Caribbean Pulpit Oratory,” investigates religious rhetorics on HIV/AIDS within a Caribbean context (i.e., Jamaica and the Bahamas). Specifically, this chapter examines my Caribbean narrators’ engagement with various rhetorical strategies, for example, coalition rhetorics, (re)identification renaming, rhetorics of identification, priestly and prophetic rhetorics, rhetorics of bi-furcation and rhetorical emissaries in their efforts to reduce the number of new HIV infections on their respective Caribbean islands. However, my findings in this chapter introduces us to a very unique Caribbean situated rhetorical strategy: “separate but equal rhetorics,” for some, and “equal but separate” rhetorics for others, that both speak to the
rhetorical tension found in my narrators’ responses to HIV/AIDS, which are located at the intersection of faith, sexuality and the LGBTQ community. This chapter includes the voices of Caribbean clergy members: Ross Davis, Bishop, Golden Gate World Outreach; Deanza Cunningham, senior pastor, Christ Community Church; Mario Moxey, senior pastor, Bahamas Harvest Church; Dr. William Thompson, senior pastor, Faith United Baptist; Rev. Al Miller, senior pastor, Fellowship Tabernacle, Rev. Christopher Morgan, senior pastor, Go for God Family Church; and Rev. Dr. Robert Griffin, Pastor, The Sunshine Cathedral.

Chapter 4, “Caribbean Pulpit Oratory: A Jamaican Case Study” is a case-study of the religious rhetorics of Rev. Dr. Burchell Taylor, senior pastor, Bethel Baptist Church, Kingston, Jamaica. This chapter gives careful attention to Taylor’s HIV/AIDS pulpitized rhetorics observed in his sermons, workshops, scholarly articles, and other written materials. Specifically, I examine Taylor’s marked use of bi-furcational rhetorics that seems to bridge the divide between his fellow Caribbean clergy members’ two opposing poles of separation and equality concerning HIV/AIDS, faith, and the LGBTQ community. Nevertheless, my findings discussed in this chapter make clear the ways in which Taylor’s rhetoric, while seeming to reconcile one tension, create another tension that inadvertently reproduces religious spaces that reinforce an open-closeted lifestyles for non-heterosexuals.

Chapter 5, “African-American Pulpit Oratory,” examines religious rhetorics on HIV/AIDS within a U.S. context. In this chapter, as is the case in previous chapters, my Black/African American narrators’ religious rhetorics, in-line with religious rhetors of African descent in this study, utilize, for example, rhetorics of identification and rhetorical emissaries to address HIV/AIDS to members of the black community. Nevertheless, this chapter includes marked strands of prophetic rhetorics from religious leaders who, unlike the narrators in Africa
and the Caribbean, are members of non-dominant racial groups in their country. In particularly, this chapter introduces us to rhetorics of liberation and empowerment directed toward women of color that lead to rhetorical moments of self-definition and self-determination, as this group for years has had to contend with sexism and patriarchy in the black church and also in American society. The rhetorical strategy of dissociation is also found as a rhetorical tool of choice for several Black/African American religious leaders, as it relates to their responses to HIV/AIDS and as it cut across the intersection of faith and non-heterosexuals. In this chapter, we see how several narrators used dissociation to bifurcate and elevate one’s spiritual identity above one’s social identities and how this bifurcation has implications for larger discussion on sexuality, shame, and risky behavior that often leads to HIV infections.

In this section, issues such as discrimination, religious based HIV/AIDS stigma and shame, prophetic rhetoric, human sexuality, medical racism, body theology, religious constructions of and religious reticence on HIV/AIDS are all addressed here as discussed in the interviews. Primarily this chapter brings attention to the rhetorical dimensions of pastoral communication within the District of Columbia. Most of the voices included in this chapter are those of religious leaders from the D.C. area. However, I include oral history interviews I conducted with prominent African American clergy members from other U.S. locations. Among them are: Bishop Joseph Garlington, PhD, pastor of Covenant Church of Pittsburgh and Presiding Bishop over Reconciliation Ministries International; and Rev. Dr. James Cherry, senior pastor, Aenon Baptist Church, Rochester, New York. Within the DC/MD area, clergy interviews included in this chapter are those of Alfred Owens, Bishop, Greater Mount Calvary Holy Church; Rev. Frank Tucker, senior pastor, First Baptist Church; Ms. Katitia Pitts, Executive Director, Calvary Health Care, Washington, D.C. Additionally, this section will also include
excerpts from Dr. Pierre Vigilance, Director of Public Health, Washington, D.C., mostly as testimony regarding the efficacy, from his perspectives, of the rhetorical activities of the D.C. ministers.

Chapter 6 presents that last analysis chapter for this study, a case-study from the African American context. This chapter directs our attention to the rhetoric and ministry of the Reverends. Drs. Dennis and Christine Wiley, Co-equal Pastors, Covenant Baptist Church United Church of Church, Washington D.C. This chapter studies the Wiley’s use of religious rhetorics located in their sermons, scholarly articles, and, specifically, through their HIV/AIDS ministry. This chapter introduces us to the most oppositional and radically progressive pulpitized rhetorics on HIV/AIDS represented in this study through the Wileys’ use of rhetorics of inclusion, rhetorics of radical self-critique, and rhetorical politicizing. However, akin to important findings in my analysis of my other narrators’ HIV/AIDS rhetorics across the Diaspora, the Wileys’ rhetorics, even as their rhetorics are most affirming to DC’s most vulnerable PLWHA, that is, black gay men, men who have sex with men, intravenous drug users, women, teenagers and children, are nonetheless inherent with some problematic rhetorical tensions that beg to be reconciled and/or resolved.

The conclusion section summarizes, compares, and contrasts the major points of my analysis of these case studies and oral history interviews. I also offer critical commentary on the limitations, commonalities, and differences of the clergy members’ rhetoric on HIV/AIDS including their written materials and sermons, while assessing the rhetorical strategies for their levels of success (or failure). Furthermore, I offer suggestions on additional perspectives and rhetorical methods that could possibly prove helpful in further addressing the issue of HIV/AIDS from religious spaces and in line with religious sensibilities.
1.2 DATA COLLECTION PRACTICES

To date, I have interviewed a diverse group of approximately 35 narrators. Of these, the overwhelming majority are pastors/religious leaders of African descent. In addition to these pastors, I have interviewed medical practitioners, and leaders of faith-based Non-Governmental Organizations (NGOs). All interviews were conducted in my study regions: Africa (Kenya, Uganda and South Africa) the Caribbean (Jamaica and Nassau Bahamas) and the United States (District of Columbia and Maryland Area, mostly). Interviews for this study each lasted about 40-70 minutes in length. I conducted the interviews in person at the churches, offices, and at restaurants. With respect to education level, several pastors held college/advanced degrees or were ordained or seminary graduates. Of the 35 narrators, 6 self-identified as heterosexual female, 29 as heterosexual male, and 1 man self-identified as gay The churches in this study represent different theological orientations and sizes that range from small, as few as 15 members, to mega-churches with upwards of 8,000 members. Only three pastors, Dennis and Christine Wiley, and Robert Griffin identified themselves as pastors of affirming churches, that is, most of the pastors and religious leaders interviewed for this research self-identify as being Protestant clergy members of Pentecostal, Charismatic, Baptist or Non-denominational affiliation, yet I do acknowledge the work of other NGOs and faith-Based organization in the area of HIV/AIDS. However, for the purpose of this study I am interested in the pulpit oratory from non-mainline Protestant church leaders of African descent within the Diaspora.
One problem I faced is that such oratory is evanescent in that it is often delivered extemporaneously and not recorded electronically. To handle this problem, I use my oral interviews with clergy to ask them directly about how they approached the HIV/AIDS issue in order to reconstruct their rhetorical invention and strategies, but I also widened the scope of pulpit rhetoric to include, as I discuss and define below, “pulpitized spaces” beyond the conventional formal sermon venue. Testimony from narrators concerning their ministerial roles beyond the pulpit licenses me to do this. I also widened my search for evidence. My data collection and analysis practices included, beyond my oral history interviews, studying pulpit oratory in the past through observing church services, listening to and video-taping sermons, and participating in and observing community outreach programs of the churches, all concerning issues addressing HIV/AIDS. The result was an extensive base of different types of primary sources, with great interpretative potential. In each region under consideration I employed two purposeful selection methods based upon specific criteria and snowballing. The criteria for inclusion in this study were based upon a set or characteristics of each organization. I employed three such criteria: 1) the church was English-speaking, led by a pastor of African descent, and its congregation consisted of predominantly people of African descent, 2) the church provided some type of AIDS-related service; and, 3) the church was located in the African Diaspora. These criteria were applied prior to selecting targets for interviewing Snowballing as a means of selecting informants, or in oral-history parlance “narrators” owes to oral historians pursuing a story in an open-ended fashion, unlike in more social-science-based disciplines that demand the sample be identified a priori. Sampling by snowballing involved selecting narrators and organizations by asking early key narrators for referrals to other organizations and key narrators.

All additional narrators selected by snowballing, however, had to have met the three initial criteria for inclusion. Oral history also has protocols governing the types of questions the interviewer may ask. These cannot be standardized across different narrators and must be open-ended, that is, they cannot restrict narrators’ responses to a specific number of options as answers. Each narrator provided consent for interviewing at the start of recording and for the subsequent use of the testimony recorded by a signed deed of gift, conferring rights of further use upon me. None of the narrators wished for anonymity in my future presentation of their testimony and I had no occasions to destroy any part of the testimony to protect narrators from libel, slander, or other acts that could lead to criminal prosecution or civil suits. Through adhering strictly to oral history protocols, this study falls under a May 2004 agreement made between Ronald J. Zboray, then the Department of Communication’s Director of Graduate Studies, and Christopher Ryan, Director of the University of Pittsburgh Institutional Review Board (IRB), to exclude oral history from IRB oversight, including prior review.

The resulting data was handled in the following manner. All interviews were recorded on digital media and portions of some services were videotaped. Notes were taken during several interviews and after participant observer experiences and non-participant observations. All the interviews were later indexed, and the most salient passages were transcribed. After assembling indexes, transcriptions, notes, videos, and photos, I reviewed the data to identify the major rhetorical themes, justifications, warrants, strategies, tension, and concepts that emerged. I coded, for later retrieval and analysis, key themes and tensions that emerged as I analyzed and

26 Valerie Raleigh Yow, Recording Oral History: A Guide for the Humanities and Social Sciences (Walnut Creek, Calif.: AltaMira Press, 2005). For example, I asked narrators, “how have you addressed HIV/AIDS in the past?” and “Have you addressed the issues of HIV/AIDS and human sexuality in your sermons?”
synthesized the materials. My reading through of the coded material through the lens of rhetorical criticism allowed me to formulate the generalizations manifest in the dissertation’s chapters.

1.3 METHODOLOGY

In this study, I use the methods of oral history, rhetorical criticism, and ethnography to examine the representative samples of pastoral communication on HIV/AIDS I have collected. Taken together, oral history, rhetorical criticism, and ethnography were used as a methodological triangulation that produced an integrative, complementary approach to this study.28 In the previous section, I described my specific data collection practices. Here, I speak to the relevance and appropriateness of these three selected methodologies in turn.

1.3.1 Oral history

Oral history methodology is incorporated into this project as it is concerned with the oral testimony from people who are firsthand witnesses to a matter under consideration. As such, oral history is concerned with the meaning-making aspects of a rhetorical event that are not salient when exploring a formal written document using, for example, rhetorical criticism.29 Oral history methodology, however, cuts to the heart of these issues by using in-depth interviews.

Oral History, with its in-depth interviews, is a methodology in which the interviewer frames a topic and questions that inspire the narrator to recollect past experiences. Together, the interviewer and narrator both work together to co-create the record of the past event. I have employed oral history methodology through the in-depth interview in talking with narrators, as this methodology has allowed me to engage in dialectic inquiry with the narrators that is impossible to do when, for example, analyzing written or recorded sermons. Said another way, written and recorded religious discourse cannot respond to questions or offer follow-up responses and rejoinders. Thus, oral history allows for clarification, augmentation, and discovery of important rhetorical strands of thought and production, while simultaneously creating space for the lived experiences and voices of people of African descent living with HIV/AIDS and in the production of knowledge.

In current research that centers on HIV/AIDS, Gerald Oppenheimer has employed oral history as his methodology. In his works, *Shattered Dreams? An Oral History of the South Africa AIDS Epidemic*, and *AIDS Doctors: Voices from the Epidemic. An Oral History*, Oppenheimer uses this methodology to uncover an important viewpoint from doctors and nurses who were working on the frontlines of the epidemic.\(^3\) While his study is similar to mine in that he probes into professional practice encountering this specific disease, mine differs in focusing upon professional speech acts and related rhetorical activities.

Scholars have also used oral history methodology to gather testimony in order to understand meaning-making as it relates to homiletic theory. Specifically, oral history has been employed to move beyond the preacher’s written sermon text and to shed light on the production

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of the text and the life of the preacher. *Martin Luther King, Jr. An Oral History of His Religious Life and His Witness* and *Singing in a Strange Land: C.L. Franklin, The Black Church, And the Transformation of America* are striking examples of how oral history methodology has been used in the service of religious studies. In this study, I use oral history as a way to redress the biases and limitations that historically gendered spaces, i.e., the pulpit, have promulgated through the erasure and redaction of women’s voices and sermons in anthologies and academic conversations concerning rhetoric and homiletic theory/practice. While others have already begun to recover the lost voices of the female preacher, this study also includes the voices of clergymen in the discussion of religious rhetorics on HIV/AIDS as the message has been gendered and often does not include voices of clergymen.

1.3.2 Rhetorical Criticism.

The oral histories and other primary source materials I collected (see below) were analyzed using rhetorical criticism, which is concerned with understanding how textual artifacts wield rhetorical influence through the meanings embedded in them. Sacred books of religions are rhetorical sites of struggles because of how these texts have been interpreted and have come to hold different meanings for different groups of people over time. Rhetorical criticism is also useful in understanding how these texts come to have influence on others. Thus, the text is both a


means to and outcome of rhetorical struggle.\textsuperscript{33} Several scholars have found rhetorical criticism helpful as a distinct approach in understanding the rhetorical dimensions of biblical texts and biblical hermeneutics as sites of struggle.\textsuperscript{34} Whereas hermeneutics is concerned with the interpretation of texts, the study of homiletics is concerned with the relationship between rhetoric and the art of preaching. From a survey of the literature surrounding the rhetorical performance of preaching, one soon discovers that there are several genres or forms of preaching. For example, narrative preaching, topical preaching, crisis preaching, and exegetical preaching are all forms or genres of preaching that have been analyzed and are replete in the literature.

Since preaching is concerned with the use of symbols and engages in the production of symbolic activity, a rhetorical critic of homiletics should be concerned with how these symbols influence human beings. In using rhetorical criticism to examine sermons, scholars have employed various forms of methods, including narrative criticism, cluster criticism, fantasy theme analysis, and neo-Aristotelian methods, to name a few.\textsuperscript{35} The conventional mode of criticism is largely textual as the rhetorical critic seeks to understand the rhetorical dimension of the text of the sermons. This speaks to a limitation of current trends of rhetorical criticism of preaching, that is, the text is studied without reference to preaching as a rhetorical performance. However, my research here goes beyond this conventional approach by addressing the

performative aspects of the sermon. I have augmented this methodology so that it will allow for
the analyzing of sermons that includes the acknowledgment and understanding of the
implications of the rhetoric of bodies and space as part of this discussion, as noted within Roxanne Mountford’s book, *The Gendered Pulpit: Preaching in American Protestant Spaces*.\(^{36}\)

From a methodological perspective that examines the physicality, space, and oral
performance of preaching, I am forced to recognize that the space in which the sermon is
delivered, i.e., the pulpit, is not without a history and is a physical representation of ideas and
ideology.\(^ {37}\) This is to say that in addition to the text of the sermon, the rhetorical space of the
pulpit is saturated with rhetorical meaning that is worthy of scholarly attention. Furthermore,
following the lead of previous research on the rhetoric of bodies, my dissertation will examine
the rhetoric of the bodies of preachers as being infused with rhetorical meaning and
implications.\(^ {38}\) This exposition takes up the story of the body of the preacher that is being told
alongside the story she is telling. This study, then, sets out to overcome the limitations of
examining pulpit oratory on HIV/AIDS confined to the physical space of the pulpit by examining
“pulpitized” areas touching on HIV/AIDS, which are inclusive of, but not limited to sermonic
presentations.\(^ {39}\) That is, these pulpitized spaces and presentations would include materials such
as books, outlines, and pamphlets authored by and or endorsed by clergy members and then
distributed to their congregants as part of what I am calling “religious rhetorics on HIV/AIDS.”

Therefore, I employ the use of rhetorical criticism to evaluate the effectiveness of what my

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\(^{38}\) For example, see Jack Selzer and Sharon Crowley, ed., *Rhetorical Bodies* (Madison: University of Wisconsin, 1999).
informants are doing; effectiveness, then, depends upon the degree to which a transcultured and indigenized “theology of HIV/AIDS” informs the rhetorical activity.

1.3.3 Ethnography

The methodology of ethnography serves as the last approach used in this study. Ethnography is a methodology in which the researcher studies cultures in the role of a participant observer. I have used ethnographic methodology in participant observation in the past in as I have studied the rituals and practices of religious groups that address HIV/AIDS. My identification as a black, male, heterosexual, eighth-generation clergyman, specifically itinerant Christian minister, whose religious roots are found in the Pentecostal, Baptist, and Methodist traditions and my theological training has afforded me the privileges of being an insider within Protestant circles; however, my academic affiliation positions me as an outsider by which I am able to maintain a critical distance from the religious communities under study.

Religion and anthropology is perhaps best understood through the lens of ethnographic research. Drawing on the work of anthropologist Clifford Geertz, for example, contemporary scholars such as Brian Morris, Ken Plummer, and Renato Rosaldo have written extensively on the utility of ethnography in the study of religion and religious cultures. Ethnographic

methodology is utilized for this project, as I have been in the field collecting data for this project. Moreover, for this project, ethnographic methodology allowed me to look at more closely the environments such as classroom, churches, health clinics, in which pulpit oratory is performed. To make sense of the oral histories and other ethnographic material, I had to do a good deal of research in rare secondary sources, as well as engaging in significant follow-up through email and other written communications.

1.4 PREVIOUS SCHOLARSHIP AND PROJECTED CONTRIBUTION TO COMMUNICATION STUDIES

This dissertation study deals with issues and problems that are in most cases only tangentially addressed in already-existing secondary sources. In order to construct the framework of my dissertation and to illustrate my arguments, I read scholarship emerging from different fields and have given serious thought to my possible contribution to the prevailing scholarship through augmenting, with creative and nuanced insights, the study of communication and rhetoric.

This discussion of scholarship begins with the rhetoric of religion, specifically an overview of Judeo-Christian Rhetoric. Judeo-Christian Rhetoric is approached from three distinct aspects of hermeneutics, homiletics, and performance. Next, I discuss scholarship on the geographic areas of Africa, the Caribbean, and the United States in terms of Diasporic studies. Then moving from the Diasporic area studies, I address scholarship that focuses on HIV/AIDS, Health and Minority Issues. Lastly, I conclude my discussion of scholarship by addressing HIV/AIDS and religious responses to it with concluding comments that speak to what I consider
to be my dissertation’s overall contribution to several fields of study. I have selected these bodies of literature in this order as the literature of Judeo-Christian rhetoric provides me with a brief survey of the scope of past and present approaches to the study of Christian rhetoric. Area studies and HIV/AIDS, Health and Minority issues place religious expression, thought, and rhetoric of people of African descent within a larger historical context of cultural, philosophical and health issues in each region individually and across the Diaspora collectively.

1.4.1 Rhetoric of Religion (Judeo-Christian Rhetoric)

I primarily examine religious rhetoric, specifically that of pulpit oratory on HIV/AIDS. I further the claim that as a result of the preacher’s movement throughout the sermon that the Black pulpit is a “shifting place” as opposed to one that is static. This to say that Black preachers generally are not stationary while delivering their sermons; many will leave the lectern and occupy other spaces in the church as part of the delivery. Thus, the preacher can pulpitize any space given that the congregation’s social expectations of the preacher’s performance are met.41 As such, this opens up new possibilities to overcome the masculine gendering of the pulpit and to include the voices of female preachers in other “pulpitized” spaces other than the physical pulpit. This then offers a significant theoretical lens through which to analyze religious rhetorics on HIV/AIDS that has been pulpitized in different contexts: seminars, workshops, Sunday school sessions, etc. Therefore, much attention is given to scholarship on religious rhetoric, as I intend to contribute foremost to this area of study. Within the field of communication, the relationship between preaching/homiletics and rhetoric has long been, but intermittently, taken up both in the

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study of rhetoric and in homiletic theory. Within the field of rhetoric, however, there is no major study of Judeo-Christian rhetoric. Some scholars have paid attention to the basic philosophical or cultural issues of ancient Israel/biblical Palestine Hebrew/Old Testament epoch and others have studied specific individual writers and speakers within the Hebrew/Old Testament framework.  

However, rhetorical criticism of Judeo-Christian rhetoric has been conducted from two distinct approaches. Hans Dieter Betz and George Kennedy were the first pioneers to analyze Judeo-Christian scripture on the basis of ancient Greco-Roman rhetoric. This first approach is concerned with understanding how the authors of scripture adapted and adopted ancient rhetoric for their Christian purposes. Kennedy’s work *Classical Rhetoric and Its Christian and Secular Tradition from Ancient to Modern Times* examines the preconceptual rhetorical features of the Old Testament and the relationship between Christianity and classical rhetoric during the first four centuries of the Christian era. He concludes his study with Saint Augustine’s very influential treatise, *De Doctrina Christiana*. Specifically, Kennedy’s work focuses on Old Testament rhetoric, New Testament rhetoric, the Apostles, rhetoric in the early church, the Apologists, Polemicists, and early forms of preaching, i.e., missionary sermons, prophecy sermons, and the homily. Ben Witherington, Kennedy, and others have also examined the New


Testament as an entrance into understanding the rhetorical analysis of various parts of the New Testament. Witherington suggests that analyzing the New Testament on the basis of epistolary conventions is problematic as he maintains that the dominant paradigm, “when it came to words and the conveying of ideas, meaning and persuasion in the NT era, was rhetoric.” Moreover, Witherington argues that the oral culture in which the New Testament was written was rhetorically saturated and the written scriptures were not meant to be read silently but more so to be heard, and as such were loaded with various rhetorical aural devices.

Rhetorical criticism is employed as a methodological tool of exegesis (interpretation) of scripture because of the holy word’s intrinsic rhetorical nature both on the macro and micro levels. By micro levels, it is understood to mean the rhetorical devices within the text. These include, for instance, the use of rhetorical questions, dramatic hyperbole, personification, amplification, irony, and enthymemes. By macro, the concern is with the overall structure of, for example, the New Testament, which includes reflections of rhetorical categories and divisions used in ancient speeches. Such divisions are: exordium, narratio, proposition, probation, refutatio, and peroratio. Also included are three different genres of speech: forensic, epideictic and deliberative, along with Aristotelian notions of artistic proofs at work in the scriptures.

The second approach is rooted in modern language theory and modern epistemology as it relates to the issues of texts and meanings, pioneered by Vernon Robbins. This “inner texture” or “intra texture” approach looks for rhetorical structures found within ancient religious texts themselves by the authors of the text. Therefore, this approach would be an application of modern hermeneutics as opposed to the first approach that is concerned with the use of rhetorical

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47 Ibid., 5.
48 Ibid., 4.
guidelines established by an Aristotelian, Athenian- and Roman-based rhetoric by writers of ancient religious texts.\footnote{Vernon K. Robbins, 
*The Tapestry of Early Christian Discourse: Rhetoric, Society and Ideology* (London: Routledge, 1996); idem, 

Research on the rhetoric of Judeo-Christian religion as it relates to the rhetoric of sacred texts is generally approached using one or both of these perspectives.

Additionally, I raise an important question of how have these approaches or understanding of Judeo-Christian rhetoric informed contemporary religious rhetorics on HIV/AIDS, specifically that of prophetic rhetoric or the Jeremiad. Hebrew prophetic oratory is the antithesis of most theories and praxis of rhetoric found in the ancient Near East in that Hebrew prophets did not resort to flattering governing authorities or kings. Thus, as I have stated elsewhere, prophetic rhetoric is in essence a “rhetoric of confrontation.”\footnote{Christopher House, “Hebrew Prophetic Oratory: A Rhetoric of Confrontation” (M.A. thesis, Syracuse University, 2007), 70.}

Hebrew prophets were called to hold individual, groups, and whole nations accountable for their actions, and this was best seen in times of “crisis in covenant relations.”\footnote{Willem VanGemeren, 
*Interpreting the Prophetic Word* (Grand Rapids, Mich.: Zondervan, 1990), 73.} Westermann argues that what takes place in prophetic speech is predominantly an announcement of either Judgment (impending damnation) or Salvation (blessing).\footnote{Claus Westermann, 

Clements defines a prophetic “tradition” as consisting of “themes and customs, which influenced a prophet when he preached,” and that tradition concerns itself with the presence and use of traditional themes and motifs within the prophet’s preaching.\footnote{R.E. Clement, 
*Prophecy and Tradition* (Atlanta: John Knox Press, 1965), 6.}

For the sake of brevity, I will not speak to each Hebrew prophetic tradition, but, however, the “Judean tradition”\footnote{Judean Prophets consisted of prophets who spoke to the southern Kingdom of Judah in Ancient Israel’s history.} is particularly relevant to this discussion because situated in this tradition is the prophet Jeremiah, whose confrontational and eschatologically informed style of proclamation
was subsequently adapted by seventeenth century New England Puritans later became known as the “jeremiad.”

Grounded in what Robert Bellah, after Sidney Ahlstrom, calls “civil religion,” the jeremiad contained three elements: citing a promise; criticism of the present declension, or retrogression from the promise; and a resolving prophecy of salvation. In his work, *The American Jeremiad*, Sacvan Bercovitch argues that the Jeremiad became a cultural phenomenon that transcended Puritanism and was subsequently woven into the fabric of American culture’s rhetorical and literary traditions. David Howard-Pitney says that the jeremiad within African American culture has its beginning with the abolitionist crusade against slavery in the antebellum North, as it was “frequently adapted for the purposes of black protest and propaganda.” Thus, the African American jeremiad evolved as “an explanation for the collective suffering of black people, and provided a culturally acceptable protest against the black condition.” Consequently, the abolitionist’s use of the jeremiad solidified it as a prime black rhetorical device and “ideological force in the twenty-first century.”

The African American jeremiad continued to undergo reformulations and, thus, a different variant of the black jeremiad, one that deemed African redemption as the special role of Afro-Americans and West Indians, was employed after the Civil War. Scholars offer Marcus Garvey and Malcolm X as most notable for the use of this post-Civil War jeremiad. Additional

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58 Howard-Pitney, *African American Jeremiad*.


61 Moses, 62.
uses and reformulations of the jeremiad are found in the rhetoric of Frederick Douglass, W.E.B. DuBois, Ida B. Wells, Martin Luther King Jr., and Jesse Jackson as they consistently used the jeremiad in its purest form. Of those leaders, King found his unique reformulation of the black jeremiad rooted in the traditions of the black church. Lincoln and Mamiya state that the black church’s jeremiadic “prophetic function” refers to the church’s “involvement in political concerns and activities in the wider community.” They further “classical prophetic activity,” also, “has meant pronouncing a radical word of God’s judgment.” The black church, in particular, maintains that its prophetic voice is a direct extension of the Hebrew prophetic traditions. While my dissertation focuses on pulpit oratory in Africa, the Caribbean, and the U.S., this understanding and notion of prophetic rhetoric is not limited to “the black church” but rather it is underlying in religious rhetorics in each geographic area.

Beyond rhetorical theorists’ interests in religious rhetoric are those of homiletics theorists who have examined the relationship between rhetoric and preaching. While the first systematic treatment addressing the nexus between rhetoric and preaching was not taken up until the Latin Church father, St. Augustine of Hippo, wrote his work, *On Christian Doctrine*, several other Latin fathers held disdain for the practice of rhetoric being employed in the art of homiletics. Tertullian, Jerome, and Cyprian among other pre-Augustinian Latin fathers maintained that classical rhetoric was extra-Christian and would only taint the Christian message. Thus, they contended that all preachers must totally abandon the “other-worldly” practice of rhetoric that
had been employed by pagans. This was the prevailing sentiment among the Church fathers until Augustine’s work cast rhetoric in a favorable light that placed it in the service of homiletics, as the tool of rhetoric itself was neither intrinsically good nor bad. Perhaps what is most important and useful from the early Christian homiletician, Augustine, is his articulation of the preacher’s task being twofold: interpretation (discovery) and articulation (teaching) of the scripture. This is an important point of departure as this project seeks to understand methods of interpretation (hermeneutics) that have shaped the narrators’ theological perspectives on HIV/AIDS.

James Cone is a watershed figure in homiletic theory as he is the first theologian to give formal and systematic treatment of black religion in his presentation of Black Liberation Theology. In his foundational work *A Black Theology of Liberation*, he argues that Christian theology is first and foremost a theology of liberation. As a liberation theology it is “a rational study of the being of God in the world in light of the existential situation of an oppressed community, relating the forces of liberation to the essence of the gospel, which is Jesus Christ.”

For Cone, the oppressed group for which he is writing about is black people living in America. Augustine’s notion of interpretation (discovery) and articulation (teaching) would later become a critical point of departure for arguably one of the foremost influential Protestant theologians, the German-American Paul Tillich. Tillich’s understanding of the subjective social lens of the

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67 Saint Augustine, 118.
69 This statement should not be taken to mean suggest that a “theology of liberation” is an original idea of Cones. The first published work that included the concept of “theology of liberation” was by a Presbyterian Brazilian theologian, Rubem A. Alves, *A Theology of Hope* (Washington, D.C.: Corpus, 1969). Cones’s book on liberation theology appeared about the same time as Gustavo Gutierrez’s original edition of *A Theology of Liberation: History, Politics, and Salvation*, trans. and ed. Sister Caridad Inda and John Eagleson (Maryknoll, N.Y.: Orbis Books, 1973). Cone, however, is the first to addresses liberation theology and the African American.
biblical interpreter subsequently helped to shape Cone’s thinking. Tillich and Cone both suggest that theology or the interpretation of scripture does not lead to a universal conclusion. Rather they suggest that the preacher’s social location acts as an interpretative lens through which the scriptures are understood.71 Thus, for those who are members of oppressed groups, liberation will be in the forefront of their discovery of scripture.

Cone was not without his critics, however, as Feminist/Womanist theology was born in direct response to Cone’s Black liberation theology. Feminist/Womanist theologians claimed that Cone renders African American women invisible in discussions of liberation theology through sexist, gender-specific language that further marginalized women.72 Feminist/Womanist theology sought to redress this problem by articulating a theology that included African American women’s experiences in a liberatory pursuit of Black liberation.73 Furthermore, other theologians have taken Cone to task because his presentation of Black liberation theology did not address the issue of class in its analysis of oppression.74

However, Cone’s work was still very influential in the development of and in advancing liberation theologies in “Third World” countries (e.g., Africa, the Caribbean).75 Like Cone, “third

world” theologians believed that theology is best understood within a cultural context rather than a universal interpretation. As such they too sought to articulate a liberation of theology that would lift their cultures from the weight of oppression, be it economic, racial, and/or gendered, etc. Thus, contemporary homiletic theory deals with methodological and theological issues in preaching and the exploration of the connection between one’s theology and method of preaching. Bond’s and LaRue’s connection of theology and method of preaching within the Black faith community raises several significant points for our discussion of the interplay

between hermeneutics, homiletics and the performances of African Disaporic religious rhetorics on HIV/AIDS.

Susan Bond’s *Contemporary African American Preaching* (2003) and Cleophus LaRue’s *The Heart of Black Preaching* (2000) both deal critically with American homiletic theory that goes beyond a mere discussion and identification of form and stylistic distinctiveness of an African American preaching style, as earlier works had done.\(^{76}\) Bond and LaRue identify several critical theological categories and assumptions that are essential and relevant to the discussion of HIV/AIDS.\(^{77}\) Specifically, those categories include: the relationship between preaching and scripture, the relationship to language theories, and the relationship to other theological issues (e.g., narrative theologies, postliberalism, existentialism, liberation theologies). In this research, these categories and the ensuing discussions of them in respect to homiletic theory are important in that these assumptions almost always result in a methodological preference, interpretative constructs, and exegetical discourses on HIV/AIDS expressed in rhetorical presentations.

1.4.1.1 Preaching and Performance

The study of homiletics can be approached from many different angles, including the theological, biblical, and even historical. S.S. Curry’s *Vocal and Literary Interpretations of the Bible* laid out the trajectory of the research agenda within the discipline of homiletics, being that

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of focused attention upon poor oral presentations of Scripture in the pulpit.\textsuperscript{78} Around the mid-twentieth-century, the discipline experienced a shift as the trend focused less attention on the “delivery” aspect of a sermon and more attention to the study of the texts themselves.\textsuperscript{79} Recent interest in homiletics draws on the tradition that gave rise to the scripture, i.e., the oral tradition, and seeks to perform a “restored behavior” that suggests that in addition to the speaking of the text that there is also the embodying of the text, i.e., performative dimension.\textsuperscript{80} Drawing on the literature in performance theory, homiletics scholars raised the question what kind of relationship can be developed between performance studies and homiletics.\textsuperscript{81} Richard Ward, for example, speaks succinctly to the relationship between ethnography and performance studies as it relates to sermon oratory. He argues that preaching consists of:

\begin{quote}
 cultural performances where deeply held values of faith are reconstituted through ritual enactment. . . . Homileticians are now also interested in the way sermons “come through” . . . the body and voice of the preacher. The preaching of sermons is attracting the attention of growing number of scholars of performance studies who see this type of communication as rich resources for ethnographic studies.\textsuperscript{82}
\end{quote}

\begin{flushright}
\textsuperscript{78} S.S. Curry, \textit{Vocal and Literary Interpretation of the Bible} (New York: Macmillian, 1903).
\end{flushright}
In his ethnographic work about preaching as performance, Peacock held that “a sacred performance is not simply a performance,” he goes on to say, that “the preacher is highly respected because of his leadership and station.” Peacock maintains that a preacher is “regarded as always performing, always in view, always before the public served.” Performance and preaching carries with it the idea that preachers necessarily bring to the sermon their particularity of voice, body, and life experience or a hermeneutic of performance. The performance-centered approach to preaching allows for the critic to understand how the preacher is enfleshed, authorized, and legitimated in a communal sense with audiences and how the “selfhood” of both audience and preacher are reconstituted in the speech-act. Furthermore, the “sermon-in-performance” act demonstrates how the preacher can move into a space of performance that “works to unmask established orders and structures” in addition to giving voice to those who have been silenced, marginalized, and disenfranchised. This research utilizes a performative perspective in helpful and instructive ways to analyze and explore the preacher’s body and voice as a tool in polyphonic practice of pulpit oratory on HIV/AIDS by analyzing the intersectionality of difference inscribed on that body.

Examining the rhetoric of space and performance within the context of the Christian Church, and, in particular, churches made up of parishioners predominantly of African descent, the notions of physicality and space have come to bear on the rhetorical performance of religious

bodies in significant ways. Crawley posits that sacred spaces are constructed to reinforce social relationships and transfer social knowledge and are thus “pregnant” with normative “assumptions that are projected onto the bodies.” Perhaps no other space in these churches demonstrates this argument better than the pulpit as it has conferred power and authority to heterosexual men and has disciplined the bodies of the ‘Other,’ i.e., the female preacher and/or gay or lesbian clergy members. Mountford’s *The Gendered Pulpit: Preaching in American Protestant Space* puts forth three important questions that are critical to her study and, by extension, to pulpit oratory on HIV/AIDS. They are: In what ways is a speech act or rhetorical performance (read pulpit oratory) “gendered”? In what way does a woman earn the respect of an audience conditioned to regard her body itself as symbolic of lack (of authority, eloquence, power, substance)? What does it mean for a field of knowledge to take into consideration the experience of women (read: the ‘Other’)?

Furthermore, I offer an analysis of rhetorical spaces in which my narrators perform, as I move beyond simply studying the “texts” devoid of the performative aspects of the oratory. Such a move leads to asking additional questions that consider what impact gender, class, ethnicity, and sexual orientation make in religious rhetorical productions, spaces, and rhetorics on HIV/AIDS, insofar as preaching remains a male dominated discourse.

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1.4.1.2 Area Studies

Africans Studies is used to place my research under the purview of Black Diasporic experience and thought. Discussion centering on Africans in the Americas, African American intellectual foundations, Black feminist studies, Black consciousness, Black economics, and Black psychology, among other facets of African American study and thought, have been broached by critical thinkers such as, W.E. B. DuBois, Henry Louis Gates Jr. Alain Locke, Martin Luther King Jr., Booker T. Washington, Frederick Douglass, Anna Julia Cooper, Michael Eric Dyson, Cornel West, Patricia Hill Collins, bell hooks, Malcolm X, Cornel West, Molefi Asante, and Angela Davis. These thinkers provide relevant points of departure that speak to black life and culture in significant ways. Much attention is given below to the notion of Black religion ranging from traditional African religion to Christian and Islamic brands of faith, as religion has been a vital part of black life in the Americas and in Africa. Many studies have dealt with “Negro Religion” and the “Negro Church”; most notable are W.E.B. DuBois, The Negro Church, and Benjamin Mays and Joseph W. Nicholson, The Negro’s Church. African American/Black studies stimulate me to think comprehensively about, for example, African American theologies of HIV/AIDS against a larger backdrop of African American rhetoric that is historically situated in deliberative discourse. I will seek to add to this discussion of African American studies by placing HIV/AIDS oratory within the trajectory of black activism and social justice.

Understanding the basic elements and features of African civilization and culture, while recognizing the multiplicity of African social, political, linguistic systems and the uniquely


91 For example, see John Mbiti, African Religions and Philosophy (Garden City, N.Y.: Anchor Books, 1970); E. Franklin Frazier, The Negro Church in America (New York: Schocken Books, 1974).
distinctive aspects of the African experience is critical, as I examine people of the African Diaspora in the U.S. and the Caribbean. Arguably, the intellectual, spiritual, and material foundations of African civilization create a dynamism that is present in the Diaspora. Scholars such as Kofi Opoku, Chiek Diop, Leopold Sedar Senghor, Kwame Nkrumah, Julius K. Nkrumah, Amilcar Cabral, John S. Mbiti, Cecil Blake, Parker English, Robert Horton, Kwame Antho Appiah, and Placide Tempels have all contributed to our understanding of a distinct African worldview.92

Caribbean studies examine the Diasporic identities of Caribbean people along with their post-colonial struggles, their historical and present-day challenges, and their religious history and cultures. In surveying the terrain of Caribbean studies, I rely upon the works of Edward Long, Bryan Edwards, Eric Williams, W. Arthur Lewis, C.L.R. James, Marcus Garvey, Fernando Ortiz, Mathurin Mair, Frantz Fanon, Edward Blyden, Jean Price-Mars, Aime Cesaire, Walter Rodney, and Merle Hodge--all help to contextualize my research on Caribbean theologies of HIV/AIDS in a robust understanding of Caribbean life, culture, and struggle.93

I believe that area studies scholarship contributes to my dissertation in that this body of scholarship made available important information on how communities in these parts of the world have responded to crises other than HIV/AIDS, and the role of secular communities and discourses within those responses. The area studies scholarship is also important for giving me


historical, sociological, cultural, and ethnographic grounding in each of the regions with which I am dealing, thus I have a good sense of what is traditional or innovative in the approaches being used to combat AIDS.

1.4.2 HIV/AIDS, Health and Minority Issues

Richard G. Marlink and Alison Kotin’s *Global AIDS Crisis* presents an overview of the worldwide HIV epidemic across several nations. From Marlink and Kotin’s discussion of the history of HIV to their chronology of worldwide HIV/AIDS events from 1959-2003, we can observe how varied responses to HIV that have the potential to mitigate or exacerbate different societies’ negative assumptions about the intersection of race, class, sexual orientation and gender are addressed.\(^94\) While Marlink and Kotin’s work traces the epidemiology of HIV/AIDS from a panoramic perspective, other epidemiologists focus their attention on specific regions across the Africa Diaspora.\(^95\) For example, with special attention to pathology, epidemiology, and virology, Olumfi Williams put together the “first authoritative account” that provides a more focused account of the AIDS problem in Africa, as each nation state is given considerable attention by clinicians.\(^96\) Focusing attention on the rhetorical dynamics of a particular African country’s response to HIV/AIDS at the intersection of public policy, science, and rhetoric,

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Marcus Paroske interrogates the rhetorics of denial in the Mbeki administration between 1999-2004.97

Samuel V. Duh’s *Black and AIDS* takes a more pointed path of study as he seeks to explore the serious misconception about a race-linked explanation of Blacks in relationship to the etiology and epidemiology of HIV. He presents plausible arguments that point to environmental and physiological explanations for the disproportionate number of Black living with AIDS.98 The intersection of difference becomes critical in discussions of HIV/AIDS cases as in, among others, Catherine Campbell and Andre Gibbs’s “Stigma, Gender and HIV: Case Studies of Inter-sectionality,” in that, they take a close look at the relationships between gender, inequality, and vulnerability to HIV infections. Moreover, they help to identify much of the rhetoric surrounding the ‘gendered’ construction of AIDS.99 The “feminization of AIDS” or the awareness of women’s vulnerability is clearly seen in Felissa L. Cohen and Jerry Durham, *Women, Children and HIV/AIDS*; they also consider the vulnerability of children.100 In her work, *The Boundaries of Blackness: AIDS and the Breakdown of the Black Politics*, Cathy Cohen investigates the response of Black America to HIV/AIDS. Cohen argues that HIV/AIDS was never viewed as a major concern for the Black community in that the disease first impacted members of the black community who occupied multiple oppressed identities that cut across class, gender, and sexuality. Thus, Cohen, argues that those first infected with HIV in the black community, i.e., gay black men, injection drug users, and prostitutes, were not seen as representative proxies of the community nor was the disease that first wreaked havoc in this

subset of a racially marginalized blacks deemed worthy of attention from those in power and
privilege as a collective ‘black community’ issue. Cohen’s work claims that the lack of a
community response from black religious, political and community leaders is best understood
through a lens of analysis that recognizes the stratification and fragmentation of black
communities across difference.\textsuperscript{101} Dorie Gilbert and Ednita Wright’s analysis in their work
\textit{African American Woman and HIV/AIDS} pivots on the intersection of race, gender, age, and
inequality on the collective impact of HIV/AIDS on African American women and the
invisibility of African American adolescent females, even as African Americans are the primary
population impacted by HIV/AIDS in the U.S.\textsuperscript{102}

\textit{HIV/AIDS in the Caribbean} provides an executive summary on the HIV/AIDS epidemics
in the Caribbean. While this study presents a broad epidemiological overview of the history of
HIV/AIDS, Kamala Kempado uses a critical lens to address the structural issues that create
situations in which HIV/AIDS thrives within the Caribbean, specifically Jamaica.\textsuperscript{103} Noreen
Jack’s \textit{HIV/AIDS in Caribbean Children and Adolescent} studies the ethical dimensions of
HIV/AIDS as she examines the vulnerabilities of both male and female adolescents in the
Caribbean due to the declining age of the onset of sex and also due to high-risk sexual behaviors

\textsuperscript{101} Cathy Cohen, \textit{The Boundaries of Blackness: AIDS and the Breakdown of Black Politics} (Chicago: University of
\textsuperscript{102} The term “feminization of AIDS” was introduced in the HIV/AIDS discourse by policy makers in CHGH
(Commission on HIV/AIDS and Governance in Africa) Globalised Inequality and HIV/AIDS (Addis Ababa:
UNECA); Peter Piot, “Written Testimony Provided by Joint United Nations Programme ON HIV/AIDS UNAIDS to
the Senate Committee on Health, Education, Labor and Pensions, 11 DECEMBER,” \textit{African American Women and
“Mosaic of the AIDS Epidemics in Latin American and the Caribbean,” \textit{Journal of the International Association of
Physicians in AIDS} Care 4.7 (1998): 36-7; Kamala Kempado, “Dying For Sex: HIV/AIDS and Other Dangers,” in
\textit{Sex, Power and Taboo}, ed. Dorothy Roberts, Rhoda Reddock, Dianne Douglas, and Sandra Reid (Kingston,
of adolescents. Her study also highlights reasons why the Caribbean cannot be studied as a homogenous area, evident by different responses to the epidemic from several countries.\(^{104}\)

Gilber Herdt and Shirley Lindenbaum’s *The Time of AIDS* investigates the social history and representation of AIDS, as well as the method and theory of AIDS research in Western Society, followed by discussions of cross cultural studies of HIV/AIDS. Their study is concerned with the way AIDS is forcing researchers in the humanities and social sciences to change the way they think about and study cultures affected by HIV/AIDS, specifically that of cultural theory and ethnography. William N. Elmwood’s *Power in the Blood* follows a similar line of inquiry as Herdt and Lindenbaum insofar as this set of papers charts a new path for understanding the social, political, and psychological aspects of HIV/AIDS. Elmwood’s multi-disciplinary approach examines the governmental, civic, intrapersonal, interpersonal, public, and programmatic dimensions of discourse in which there is an intersection of AIDS, political rhetoric, power, and communication that affects responses to the epidemic. Furthermore, this study purports communication to be the central key to understanding, prevention, and treatment for people living with HIV/AIDS.\(^{105}\)

Looking more closely at the language and social construction of HIV/AIDS, Susan Sontag’s *Aids and its Metaphors* traces how several biomedical metaphors used to discuss HIV/AIDS shift in meaning, that is, from the virus being something that impacts an individual to that being something that impacts the community. Blame, guilt, and stigmatization are some of the consequences that AIDS and its metaphors have been socially constructed to perpetuate.


Sontag sets out to deconstruct and dismantle the social effects of such power language.\textsuperscript{106} Preda’s \textit{AIDS, Rhetoric and Medical Knowledge}, much like Sontag’s work, focuses upon metaphors of AIDS; however, Preda focuses upon the uses of narratives, and the rhetoric of science in its formulation and classification of HIV/AIDS in medical discourses through a salient discourse of “risk.”\textsuperscript{107} Richard Smith’s \textit{AIDS and The Religious Metaphor} presents the limitations of Sontag’s biomedical models of metaphors, as they are not able to address many of the subjective experiences, i.e., feelings of grief, isolation, and fear that are all part of the experience of one living with HIV. These experiences are non-empirical and thus rely on, this dissertation purposes, theologians, and pulpiteers to provide symbols, rituals, and metaphors to articulate meaning of experiences within a universe of competing metaphors. Smith also discusses and weighs the merits of religious constructions of AIDS and how they shape society—for better or worse. Smith argues that cultural metaphors, including religious constructions of HIV/AIDS, are needed to compensate for Sontag’s biomedical limitations to help make sense out of the epidemic.\textsuperscript{108} These projects, and others, are invaluable to this line of inquiry as they allow me to be inclusive of the epidemiological study of the disease while creating space for discussion of the social, linguistic, political and communicative dimensions of it.\textsuperscript{109}

\textsuperscript{107} Alex Preda, \textit{AIDS, Rhetoric and Medical Knowledge} (New York: Cambridge University Press, 2005).
1.4.3 HIV/AIDS Religious Responses

Earl Shelp and Ronald Sunderland’s *AIDS and the Church* is one of the earliest works that attempted to address the HIV/AIDS pandemic and the theological implications for the church, i.e., American church. As a result of it, Shelp and Sunderland trace several early theological responses to the epidemiology of the disease, including discussion of responses from White Evangelical Christian voices such as Jerry Falwell and voices of several other mainline denominational leaders; responses from pastors of African descent are noticeably missing from their discussion.\(^{110}\) Donald Messer’s *Breaking the Conspiracy of Silence* moves away from domestic theological responses and turns our attention to various international theological responses to HIV/AIDS. Whereas Messer’s work includes discussion about the most vulnerable to HIV/AIDS, women and children, there is very little mentioned about, for example, the intersection of race, class, sexual orientation, and the attendant larger structural forces, e.g., poverty. Much like Shelp and Sunderland, Messer’s work does not give substantive conversations on the responses of pastors of African descent across the Diaspora.\(^{111}\)

Robert E. Beckley and Jerome R. Koch’s *The Continuing Challenge of AIDS: Clergy Responses to Patients, Friends, and Families* compares and contrasts clergy (e.g., priests, rabbis, and ministers) responses to HIV/AIDS in the United States and the United Kingdom from 1987 to 1991. Beckly and Kock interview American clergy leaders from mainline Protestant denominations, Roman Catholicism, and the Jewish Faith, and analogously clergy members in the United Kingdom who were also leaders of mainline Protestant denominations, Roman

Catholicism, and the Reform Synagogues. No identification of clergy member’s race, gender, or sexual orientation was mentioned in their study.\textsuperscript{112}

Studies of African American religious leaders’ responses to HIV/AIDS suggest that the church was reticent about the disease during the early years of the epidemic.\textsuperscript{113} For example, Bruce Lambert argues that African American religious leaders gave more attention to attending structural issues of HIV/AIDS rather than the disease itself.\textsuperscript{114} Others pointed to “homophobia” as the root cause of the African American church’s reluctance to address the HIV/AIDS issue.\textsuperscript{115} Billingsley’s “The Black Church Confronts the HIV/AIDS Crisis” takes a different approach, as his research presents a very small number of churches engaged in the battle against HIV/AIDS through education, prevention, and awareness programs.\textsuperscript{116}

Elias K. Bongma’s book \textit{Facing a Pandemic: The African Church and the Crisis of AIDS} examines religious responses and the need for more religious responses to the epidemic within the African continent. He draws on the impetus of the aforementioned “Imago Dei,” or image of God discourse(s), to call African churches into dialogue and to further provide pastoral care for millions of Africans affected by HIV/AIDS. Bongma’s work focuses on the social and cultural, ethical, and epidemiological presence and aspect of the disease within several African countries (e.g., Congo, Cameroon, Kenya, and South Africa); however, his discussion on the global church

\textsuperscript{115} For example, see Charles Perros and Mauro Guillem, \textit{The AIDS Disaster: The Failure of the Organizations in New York and the Nation} (New Haven, Conn.: Yale University Press, 1990).
\textsuperscript{116} Andrew Billingsley, “The Black Church Confronts the HIV/AIDS Crisis,” in \textit{Mighty Like A River} (New York: Oxford University Press, 1999), 110-118.
does not address in a compelling manner the rhetoric employed by the Diasporic Church to the epidemic.\textsuperscript{117}

Gillian Genrich and Brader Brathwaite, for example, explore how several religious leaders’ incentives to respond to HIV/AIDS in their congregations--specifically those within a Caribbean context, i.e., Trinidad and Tobago--were affected by narrow perceptions of HIV/AIDS as a sexually transmitted disease. Furthermore, this project also explores how the presence of people within religious communities contribute to larger understanding of healing and coping with AIDS within those communities. This study was conducted through one interview questionnaire given to religious representatives and another survey for people living with HIV/AIDS who are a part of those communities. Within this study, no attention was given to the implications of pulpitized rhetorics delivered by any of the religious leaders.\textsuperscript{118} Nancy Muturi employs social influence theory to examine the contributions of Jamaican religious leaders across various traditions and practices in addressing HIV/AIDS. Muturi’s work, however, stops short of addressing the rhetorical strategies, warrants, and underpinnings of their communication on HIV/AIDS through prayers for healing, health fairs, seminars, and workshops.\textsuperscript{119}

Scholars from diverse disciplines have examined the effects of religion and human health. In a seminal article “Church Attendance and Health,”\textsuperscript{120} epidemiologists Comstock and Patridge were the first to call for serious study into the practice of religion as a variable for health

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{117} Elias K. Bongma, \textit{Facing a Pandemic: The African Church and the Crisis of Aids} (Waco, Tx.: Baylor University Press, 2007).
\item \textsuperscript{120} George Comstock and Kay Patridge, “Church Attendance and Health,” \textit{Journal of Chronic Disease} 25, no. 12 (1972): 665-72.
\end{itemize}
\end{footnotesize}
outcomes; several others have since followed their lead. Stephanie Mitchem and Emilie Townes’s edited text, *Faith, Health and Healing in African American Life*, examines religiously grounded approaches to health and healing in several historical and social contexts. Specifically, this volume addresses some of the ways people of African descent view sickness, disease, health, and healing across the Diaspora from the vantage point of being rooted in faith and various Diasporic religious traditions. This source examines issues of faith healing, race, and medicine across the intersection of race, class, gender and sexual orientation. In this project, I localize the rhetoric, religious performances, and discourses of health and healing of several pastors across the African Diaspora within one study.

In short, this dissertation is full of promise in its ability to contribute to several fields of scholarship beginning with the field of communication and rhetoric. Within communication and rhetoric, this project is participating in the international turn and building bridges to the ethnography of religion, to see how charismatic Protestant AIDS rhetoric plays out in systems of what Clifford Geertz called “local knowledge” that contributes to investigations of locally situated rhetorics that advance rhetorical theory with new concepts like pulpitization of spaces through embodied rhetorics. Furthermore, this project contributes to a growing body of religious communication scholarship that focuses specifically on rhetoric, religion, and HIV/AIDS with communication professional groups such as Religious Communication

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Association. My contribution to African Diaspora studies is seen in that this study adds to knowledge about local histories and cultures and in understanding how people dealing with HIV/AIDS interact within their environments through salient or subtle African motifs and retentions of African traditions. Intercultural communication is another field of study that will gain from this study. There is already literature about intercultural communication, HIV/AIDS and spaces of discursive exchanges. This research makes stronger area of study as it addresses religious communication from both the global and local levels; above all, it helps to further understanding of the intercultural dynamic of communication across the Diaspora. Lastly, the study hold tremendous possibility of contributing to the Rhetoric of Science in the vein of the great promise shown in Timothy Edgar, Seth M. Noar, Vicki S. Freimuth’s Communication Perspectives on HIV/AIDS for the 21st Century, a work that currently explores HIV/AIDS rhetoric from various health communication scholars. My dissertation will provide further scholarship on the religious dimensions of this type of rhetoric.

1.4.4 Conceptual Framework

Studies show that HIV- and AIDS-related stigma is best addressed when communities (1) speak against the ideas, practices, and beliefs that contribute to stigmatization and (2) create safe

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liberating spaces for infected and affected populations. In this project, I conceptualize any space (i.e., where religious rhetorics on HIV/AIDS are given and heard) as necessarily pulpitized in a way that leads to a simultaneous or subsequent creation of other spaces that are the outgrowth of and are necessarily dependent on a common center. In other words, conceptualized akin to that of a set of concentric circles that share a common center, I argue that spaces that have been pulpitized function as the common safe space for PLWHA that, of which, then becomes a shared core space for several additional spaces that address the attending issues of the disease as it cuts of difference. The study of these concentric rhetorical spaces aid me in identifying the unique and shared rhetorical justifications, strategies, and warrants used by religious of African descent who are engaged in the battle against HIV/AIDS.

My analysis shows that Black religious leaders across the Diaspora face a complicated set of rhetorical tensions as they speak to the HIV/AIDS epidemic as it cut across difference and the implications thereof, while at the same time remaining committed to their often conflicting religious convictions, doctrines, and worldviews. Thus, my findings clearly illustrate that my narrators' varied religious rhetorics and responses to HIV/AIDS is consistent with the “dialectical model” of the Black Church advance by Lincoln and Mamiya, who give a “comprehensive view of the complexity of black churches as social institutions, including their roles and functions.”

Specifically, my research shows that my narrators’ religious rhetorics are situated within a constant historical set of tensions between six dialectically related polar opposites: (1) the priestly and prophetic functions of the church (2) the other-worldly orientations and functions of

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127 Lincoln and Mamiya, The Black Church 15.
the church verses this-worldly orientations and functions of the church; (3) the universalism of
the Christian message and the particularism of the Christian message interpreted through the
lens of an oppressed group; (4) the communal orientation of the black church being involved in
the larger societal issues and the privatistic orientation of the church that withdraws from the
concerns of the society to focuses exclusively on meeting the need of the private faith
community; (5) the charismatic and bureaucratic types of organizational forms; and (6) the
resistance and accommodation political options in responding to the norms, values, and
discourses of dominant society. The salient tensions in my religious narrators responses to
HIV/AIDS is best understood as part of a larger “historical dynamism” of the black church
insofar as its responses to HIV/AIDS often include paradoxes, contradictions, and compromises
that speak to its fluid, back-and-forth responses to certain social issues.

In this study, I locate this dynamism in religious rhetorics on HIV/AIDS across the
Diaspora in the manner in which my narrators use the following rhetorical tools, strategies, and
warrants: rhetorical pulpit/pulpitized rhetorics; coalition rhetorics; (re)identificational renaming;
rhetorics of identification; priestly rhetorics; prophetic rhetorics; rhetorics of resistance;
oppositional rhetorics; rhetorics of choice; the ministry of presence; rhetorics of transcendence;
rhetorics of liberation; bifurcational rhetorics; dissociation argumentation strategies; rhetorical
emissaries; rhetorics of visibility and invisibility; rhetorics of affirmation; progressive rhetorics;
rhetorics of wounded-healers; and the rhetorical performance of the religious body. Moreover,
encapsulated in my religious narrators' rhetorical strategies, warrants and justifications used to
address HIV/AIDS were the following themes: medical racism; homophobia; individual and
structural sin; male privilege; divine healing; gender inequalities, colonialism and

128 Ibid., 11-15.
129 Ibid., 15.
postcolonialism, Christian sexual ethics; human sexuality; social responsibility; health and human rights; health-disparities; medical racism; and patriarchy. The investigation and examination of these themes and rhetorics is the focus of the next chapter.
2.0 AFRICA

Real religion, the kind that passes muster before God the Father, is this:

Reach out to the homeless and loveless in their plight. . . ”

- - James 1: 27 (The Message Translation)

In this chapter, I examine pastoral communication on HIV/AIDS studied within the African context. Specifically, I address African religious rhetorics on HIV/AIDS from rhetors in the countries of Kenya, Uganda, and South Africa. Before I present selected excerpts from key oral history interviews, I provide a historical overview of responses of Pentecostal churches from each region. To begin, I discuss the Pentecostal/Charismatic traditions of African Churches in response to HIV/AIDS, first in Uganda, followed by churches in Kenya and, lastly, responses from South African churches. Next I discuss African Liberation Theologies and cultural hermeneutics in order to identify the dominant interpretative practices, strategies, and cultural hermeneutics that largely inform my narrators’ HIV/AIDS rhetorics, as they attempt to make meaning of scripture. As such, these theologies and cultural hermeneutics are woven deeply into the substratum of pastoral rhetorics that communicate meaning on HIV/AIDS. Hence, understanding the theories and methods of reading the Bible is an important part of the discussion of HIV/AIDS. Lastly, I consider African Theologies on HIV/AIDS, and interrogate
key themes in pastoral communication on HIV/AIDS, which were illuminated through my oral history interviews and ethnographic participant observation.

Within the conceptual framework of safe spaces, prophetic spaces, and liberating spaces those themes are: sensitization, human sexuality, sex, Christian sexual ethics, condom use, divine healing, medicine, male privilege, and “sin” (individual and structural), just to name a few, which will be defined and discussed below. In this section, I include selected key excerpts from oral histories I conducted while in Kenya with the following clergy members: Solomon Wakhunga, senior pastor, King Jesus Faith Ministry, Lugulu; Sarah Wafula, senior pastor, Pioneer and Deliverance Ministry; Emmauel Mayeku Khisa, Bishop, King Jesus Faith Ministries; Alex Oachuti, senior pastor, Christian Mission Ministry; James Marunga, Apostle, Grace Community Fellowship, Alfred Andati, senior pastor, Harvest Miracle Centre. Ugandan voices to be included will be those of clergy members: Joseph and Frida KaKande, senior pastors, Christ Ambassadors Church; George Lmuangula, senior pastor, Victorious Life Church; John Kabuye, Bishop, National Fellowship of Born Again Pentecostal Churches. South African clergy voices to be included are: Victor Mokgotloha, senior pastor, Praise Tabernacle Church; Edward Phelta, senior pastor, Gateway Church; and Vincent Loate, senior pastor, Emmanuel Christian Church.
2.1 HIV/AIDS AND THE PENTECOSTAL CHURCH IN AFRICA

The Pentecostal and Charismatic traditions of Christianity have become one of the fastest-growing religious expressions sweeping the world. Pentecostalism has transformed the religious landscape across many regions, including Latin America, Asia, and Africa.\footnote{Brigit Meyer, “Christianity in Africa: From African Independent to Pentecostal-Charismatic Churches,” Annual Review of Anthropology 33 (2008): 447-74; Andre Corten and Ruth Marshall-Fratani, eds., Between Babel and Pentecost: Transnational Pentecostalism in African and Latin America (Bloomington: Indiana University Press, 2001); Donald Miller and Tetsunao Yamamori, Global Pentecostalism: The New Face of Christian Social Engagement (Berkeley: University of California Press, 2007).} In each region under consideration in this chapter, all of my narrators self-identified as belonging to Pentecostal strands of Christianity. Moreover, research has shown that through their teachings and rituals, African Pentecostal congregations through several countries are the only churches to have experienced a significant drop in the number of reported cases of extra- and pre-martial sexual activity among its members.\footnote{Robert Gardner, “Safe Sects? Dynamic Religion and AIDS in South Africa,” Journal of Modern African Studies 38, no. 1 (2000), 41.} In addition, other research shows that Pentecostals were least likely to have children outside of marital relationships.\footnote{Ibid., 61.}

2.1.1 Uganda

Uganda stands as an exemplar as it is only one of two countries in the world to have reversed the course of the HIV epidemic. Since the early spread of the HIV/AIDS disease there in 1983, organizational and political leaders have worked to address the various epidemiological,
social, and cultural aspects of the disease from several angles, including sensitization of the population, education campaigns, and appeals to the international community for funding and access to treatment.  

Several scholars maintain that, in comparison to neighboring countries, Uganda’s involvement of the local church in the prevention and education campaigns proved to be a successful and crucial component in its strategy in reversing the direction of the epidemic.

Early religious responses, involvement, and the mobilization of several mainline/mission churches in Uganda in the 1990s resulted in development of “Mission hospitals,” “mobile home care projects,” and “special programs for widows,” all subsidized by the Catholic Church. Mainline religious leaders joined in the front-line battle against HIV, as several religious leaders held posts of chairpersons for the Uganda AIDS commission, including an Anglican and Catholic Bishop. Specifically, in terms of community messaging and raising awareness about HIV in Uganda, religious leaders were found to be a major source of information for about 12% of Uganda’s population. In particular, religious leaders were a major source of information in the villages for many Ugandans as research suggested that between “81% and 95% of three villages” reported having received information on HIV/AIDS from their “churches.” Sermons were identified as a key medium used by religious leaders in the Anglican Church, as “messages were delivered from the pulpit in sermons, as well as funerals and other occasions,” by clergy and laity.

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who were trained in AIDS prevention. Early key themes identified in the AIDS religious rhetorics included discussions of fidelity, monogamy, alongside messages of abstinence.

The explosion of growth in Pentecostal churches has, in part, contributed to the exponential growth of classical, indigenous and new Pentecostal/charismatic churches in Uganda. Religious leaders of Pentecostal theological orientations were initially slow to respond to HIV/AIDS. Nevertheless, Elias Bongma notes that at the outset of the fight against HIV/AIDS in Uganda, conservative and evangelical Christians responded strongly against the distribution of condoms as part of the country’s “ABC” (i.e., “Abstain, Be Faithful, Use Condoms”) HIV/AIDS prevention campaign. Influenced by these conservative and evangelical voices, Ugandan President Yoweri Museveni sided with the Christian leaders and rejected condom use, although he did later come to recant that position. As opposed to advocating condom use in their preaching, some Pentecostal churches, although small in number, took a moralistic view of HIV/AIDS as they preached messages that called for behavioral changes from “immoral” lifestyles. The irony, however, is that every sector of the Ugandan landscape has been impacted by the epidemic, including the rapidly growing numbers of Pentecostal churches. Arguably influenced by the infamous Kanunga Massacre in March 2000, Pentecostal responses to HIV/AIDS took a marked turn in the same year, as religious leaders were forced to face the deadly reality of HIV that was affecting those whom they served in their own churches and communities.

137 Edward Green, et al., “Uganda’s HIV Prevention Success.”
One hallmark of Pentecostal theology, among other religious expressions, is the belief in
divine healing. This in particular has made Pentecostal churches very attractive to many people
in Uganda specifically and in Africa in general, especially to people of lower socioeconomic
brackets in that within Pentecostal churches weekly, if not daily, space is devoted to prayer for
healing of sickness and disease, including HIV/AIDS. Furthermore, often within Pentecostal
services testimonials are also given from members who claim to have been cured of HIV through
the prayer.\textsuperscript{142} Pentecostal and Charismatic churches in Uganda responded to this situation
through an institutionalized rhetoric on AIDS that included activities such as social outreach
programs for people living with HIV/AIDS (PLWHA), orphan care, education and prevention
campaigns, youth counseling and education about HIV, all in collaboration with non-
governmental and faith based organizations.\textsuperscript{143} Gusman identified two factors that have
contributed to such an institutionalized rhetoric from Pentecostal churches around HIV/AIDS:
(1) the epidemic forced a shift in theological positions of Pentecostals in Uganda from
“otherworldly” to “this-worldly.” Said another way, there was a shift from “the urgency of
saving as many souls as possible in the short term, to long-term programs with a stress on the
future of the country,” and (2) the introduction of the U.S. President’s Emergency Plan for AIDS
Relief (PEPFAR) funds into Uganda in 2004 shifted the country’s focus in strategy in the fight
against HIV/AIDS, thus “creating an opening for Pentecostal churches to respond.”\textsuperscript{144}
Consequently, significant amounts of PEPFAR money were earmarked for faith-based
organizations that addressed prevention issues from an abstinence and faithfulness perspective;

\textsuperscript{142} James Zou, Yvonne Yamanake, Muze John, Melissa Watt, Jan Ostermann and Nathan Theilman, “Religion and
Public Health} 9, no. 75 (2009): 1-12; H. Dilger, “Healing The Wounds of Modernity: Salvation, Community and
\textsuperscript{143} Bongma, 23
\textsuperscript{144} Ibid., 68.
yet, for reasons unknown to this writer none of my narrators indicated that they had received any funding from PEPFAR.\footnote{On PEPFAR, see Tom Lantos and Henry J. Hyde, \textit{United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 and Reauthorization Act of 2008}: http://www.pepfar.gov/about/index.htm, and http://www.pepfar.gov/documents/organization/108294.pdf, and http://www.pepfar.gov/progress/76864.htm, (retrieved 15 May 2011).} Nevertheless, the point is that such political agendas were in line with Pentecostal sensibilities concerning abstinence, family values, and the reduction in the prevalence of HIV/AIDS and were seen as a “victory of religious moralism: persuading people to become born again, ‘saved’ and therefore to live ‘safe’ lives.” Given the contested definitions of HIV and the prevailing definitions that closely linked HIV/AIDS with morality and immoral behavior, Uganda’s Pentecostal religious rhetorics on HIV/AIDS were popular and arguably had significant cultural resonance as religious leaders preached impassioned messages of behavior modification through care of PLWHA and conversion discourses.\footnote{Gusman, “HIV/AIDS, Pentecostal Churches,”72.} While such responses have centered largely on behavioral changes, rhetorics that went a step further in speaking to social suffering and structural issues that created situations in which HIV/AIDS thrives were noticeably absent from Pentecostal rhetorics.\footnote{Arthure Kleinman, Veena Das and Margaret M. Lock, \textit{Social Suffering} (Berkeley: University of California Press, 1997).}

\subsection*{2.1.2 Kenya}

Despite the alarming number of HIV infections and AIDS related deaths in Kenya and since its first reported HIV/AIDS case in 1984, Pentecostal churches in particular have been historically slow in responding to AIDS there. Analogous to religious responses to HIV/AIDS in Uganda, Kenyan Christian churches were so apathetic in their responses to HIV/AIDS that Former President Daniel Arap Moi confronted the Christian churches, condemning their lack of
attention to the pandemic and their lethargic attempts to discuss HIV/AIDS even though over 80 percent of Kenyans were Christians. Moi, consequently, challenged the churches to step up their involvement in speaking out about HIV/AIDS. The World Council of Churches “decried the initial silence of Christian churches” and concluded that the Kenyan Church’s silence should be “interpreted as passively contributing to the spread of the disease.” The new millennium brought about a rhetorical shift in terms of the levels of engagement from Kenyan and, generally, East African religious leaders concerning HIV/AIDS and the impact that it had on human life. In Kenya, and other parts of Africa, churches first began to step to the forefront of the fight against HIV through pastoral ministry in providing care, support (both spiritual and material) counseling, and in preaching/prophetic ministry that addressed HIV/AIDS from multiple angles, including cultural, social, ethical, preventative, and educational aspects.

Among the earliest Christian churches to begin an assault on HIV/AIDS were Mission churches. In Kenya’s case, the Catholic Church was an early religious responder. In 1989, the Catholic secretariat started a HIV/AIDS ministry to PLWHA and the National Council of Churches started its program against HIV/AIDS during the same time. The Christian Health Association stands out as an exemplar of Christian churches and organizations. The Association was the first religious institution to tackle HIV/AIDS from a multi-faceted approach, having a network of more than 15 hospitals, 32 health centers, and approximately 183 dispensaries. A recent survey conducted of registered faith-based organizations and churches dealing with

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HIV/AIDS revealed that Pentecostal churches lagged behind Kenya’s mainline/mission churches, for example, the Anglican and Roman Catholic churches. Ironically, since the mid-1970s, Pentecostal churches have become a very prominent strand of Christianity in Kenya. Particularly, since 1990s, these churches have sprung up in the thousands all over the country, “especially in urban centers,” Damaris Parsitau notes.\(^{152}\) The Pew Forum of Religion and Public Life Survey (2006) suggests that Pentecostal and Charismatic Christians make up more than half of Kenya’s population, and that approximately seven out of every ten protestants are Pentecostal and/or Charismatic.\(^{153}\)

Whereas Pentecostal churches in Kenya historically have embraced a non-engagement or “wait-and-see” policy, they have more recently engaged the epidemic. The response of Pentecostal churches has been diverse and often problematic because Kenyan Pentecostal churches, much like Pentecostal churches in Uganda, associated HIV/AIDS with “sin.” The churches’ earliest form of engagement with this issue was observed through the use of sermons that advocated sexualities and behaviors that were in line with Pentecostal thought. This is to say that, the majority of Pentecostal churches too preached a moralized message about HIV/AIDS that sidestepped “the issue of condoms, preferring to preach aggressively about morals, abstinence, and fidelity, especially among young people.”\(^{154}\) The Pentecostal position on sexuality and sexual behavior grew popular in Kenya following President G.W. Bush’s 2003 State of the Union Address in which he announced over “$15 Billion dollars in aid over five years to help ‘turn the tide against AIDS.’”\(^{155}\) By 2005, the Presidents PEPFAR plan required

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154 Parsitau, “Keep Holy Distance,”45, 52.
that organizations that would benefit from the funds be required to spend more than two-thirds of all funding on abstinence and be faithful programs. As such, and in line with their sensibilities and modalities on morality, this requirement was an ideal fit for Pentecostal churches’ ideologies.\textsuperscript{156}

As parishioners of Pentecostal faith communities were being impacted and affected by the disease, their religious leaders could no longer continue their retreat to silence concerning the issues. When they could no longer afford to enjoy the privilege of silence, in 2002 about forty Pentecostal church leaders gathered together to pray and to repent of their reticence on the issue of HIV/AIDS. Subsequently, this created a paradigm shift from non-engagement to full engagement of the churches; moreover, while they renewed their commitment to continue to preach their core values of abstinence and marital fidelity, they also began to invite born-again specialist to discuss HIV/AIDS with their members. Current messages about HIV/AIDS and sexual morality were then framed in clear presentations that promoted acceptance and compassion for PLWHA as opposed to previously held presentations of judgment and immorality.\textsuperscript{157}

2.1.3 South Africa

The first diagnosed HIV/AIDS cases in Africa were reported in the 1980s; the earliest subsequent reported response to HIV/AIDS from African religious leaders was heard in Uganda in 1989. Over eighty percent of South Africans self-identify as Christian and, following the lead of religious leaders in Uganda, other African religious leaders and theologians began to raise

\textsuperscript{156} Parsitau, “Keep Holy Distance,” 51.
\textsuperscript{157} Ibid., 54.
their voices in the fight against HIV/AIDS, including South African religious leaders. South African missiologist William Saayman is credited as being one of the first South African voices to raise awareness concerning HIV/AIDS within his country. Following the lead of Saayman, other religious leaders of mainline or mission churches were for years largely responding to HIV/AIDS, “openly calling upon their congregations to be aware of AIDS and to use condoms if they cannot abstain.”

Although the Christian faith mission and mainline churches have seen sharp declines in membership, South African Pentecostal churches have experienced exponential growth in the country. According to the Pew Forum on Religion and Public Life, 34% of South Africa’s 43% of Protestant Christians identify themselves as Pentecostal and/or Charismatic Christians. Kay Attanasi further notes that ten percent of Pentecostals in South Africa are affiliated with Pentecostal denominations that trace their heritage back to the 1906 Azusa Street Revival that originated in Los Angeles, California. From the Azusa Street Revival, missionaries were sent out and first arrived in South Africa in 1908.

Given such a significant Pentecostal presence in South Africa, scholars have conducted research on the impact of those churches and their responses to HIV/AIDS. Changes in sexual attitudes and behaviors subsequent to conversion were reported in these studies’ findings.

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Robert Garner found that akin to Pentecostal teaching in other African countries, Pentecostal churches in the South African township of KwaZulu who were responding to HIV/AIDS were found not to endorse condom use; yet, they were still theological exemplars when compared to mainline and AIC churches responses. Garner found that through the religious strategies of exclusion, social networks, charismatic experiences, and, probably the most powerful variable of the four, indoctrination, Pentecostal churches had the lowest instances of extra- and pre-marital sex, illegitimate children, and significant effects on sexual behaviors that reduce the possibility of HIV/AIDS transmission. Thus, membership in Pentecostal churches unequivocally made a difference in sexual attitudes and behaviors among those who followed its tenets and doctrine.

Consequently, based upon measures identified in the study, Garner predicted two outcomes: (1) Pentecostal churches in South Africa and elsewhere will experience lower rates of HIV infections; and (2), consequently, upward socioeconomic mobility will ensue of Pentecostal individual and households, relative to members of other religious groups. Nevertheless an early 2002 study suggested that only 20% of 525 South African Pentecostal ministers devoted all or part of their church services to the issue of HIV/AIDS in two months prior to the survey. Another key study in 2008 found that the overwhelming majority of Pentecostal churches who were then directly concerned with and who are responding to HIV/AIDS in South Africa were informed by an integrated understanding of church mission, i.e., the church’s’ mission as relevant to the physical world, evidenced by the churches’ challenges to racist beliefs and in understanding sin as being structural as well as individual. Conversely, Pentecostal churches that


were not directly concerned with HIV/AIDS tended to understand the churches’ mission in terms of spirituality, i.e., holding unchallenged racists beliefs and in understanding sin as a matter of individual behavior.\textsuperscript{165} Thus, African leaders clearly demonstrate for us the “other-worldly,” and “this worldly” rhetorical tension that Eric Lincoln and Lawrence Mamiya argue is an example of the “dynamism of [religious] institutions moving back and forth in response to certain issues or social conditions.” As my narrators’ excerpts will demonstrate, the African Pentecostal churches are caught in a rhetorical tension that seeks to be relevant in this world, while remaining committed to their spiritual convictions as they seek to negotiate the contours of HIV/AIDS within their communities.

\section*{2.2 AFRICAN LIBERATION AND CULTURAL HERMENEUTICS}

In this section I highlight several interpretative strategies explicitly stated by my African narrators. Emmanuel Marty suggests that African religious leaders’ interpretations of scripture no longer rest strictly on Western presupposition as normative and universal of all Christian experience. On the contrary, he maintains that, “Christians in Africa are seeking new ways of interpreting not only scripture but also the human condition in their own cultural and political settings.”\textsuperscript{166} Within independent Africa (below the Sahara) and South Africa there are two dominant stands of theological thought that I argue have shaped my narrators’ rhetoric on HIV/AIDS. These two approaches of “Africanization” and “liberation” in African theological thought “are hermeneutic procedures that seek to interpret the gospel of Jesus Christ to the

\textsuperscript{165} Katy Attanasi, “Getting In Step With The Spirit,” 193-208.
contemporary African in the light of the African condition.” Religious rhetoric concerning HIV/AIDS falls within the rhetorical purview of African theological discourses because it is one of the greatest concerns African pastors are addressing today.

Africanization theology is concerned primarily with religio-cultural existences and realities of African people as a solution to their plight. Africanization places theology in the service of “indigenizing in the sense of replacing the Western cultural incidents with African cultural elements.” Scholars identify The Bible, Christian tradition and theological heritage, African Traditional Religion, African culture and Philosophy, and African Independent/Initiated churches as sources that inform this highly nuanced African theology of indigenization.

The second school of thought, “liberation,” sets “African’s political and economic struggles within theological contexts and therefore emphasizes the sociopolitical and economic realities of the content.” This approach is found both in Sub-Saharan Africa in general and in South African Black theology in particular. At the forefront of African liberation theological self-understanding are the early sources and foundations of Black experience in history, Black consciousness, the Bible, and Black American heritage. While I identify some of the major interpretative strategies employed by narrators in subsequent interviews under the heading of “African Liberation theologies,” I do not mean to suggest that these theological traditions are

167 Ibid., 55.
168 Ibid., 55.
identical. Specifically, this section seeks to identify the major theological traditions that have both explicitly and implicitly shaped the religious thought and methodologies of my narrators.

With Africanization and Liberation leading the way in shaping theological thought in Africa, various other theological methods of interpretation are present in the rhetorics of my narrators. These include postcolonial feminist theologies and embodied theologies. Several of my African narrators explicitly pointed to one or more of these theological hermeneutics as methods used to inform their rhetorics of HIV/AIDS. Other narrators did not explicitly point to these hermeneutic strategies as playing a key theological role in their interpretation of scripture; nevertheless; their interviews did reveal a strong consciousness of one or more of the aforementioned foundational hermeneutic models at work in their rhetorical work on HIV/AIDS.

2.3 AFRICAN PULPITIZED THEOLOGIES ON HIV/AIDS

I now turn our attention to selected key excerpts from my African narrators. I will first begin by addressing the historical silence on HIV/AIDS by my African narrators in their own words, followed by a discussion of observable and salient rhetorical issues that emerged during interviews, paying particular attention to their respective hermeneutical standpoints upon, tensions over, and rhetorics on HIV/AIDS. Below, I present their comments and discussions of their pulpitized rhetorics on HIV/AIDS through the conceptual framework of safe, prophetic and liberating spaces.

As we have previously discussed, despite the alarming number of HIV infections and AIDS related deaths in Kenya, Pentecostal churches historically have been slow in responding to AIDS there. Rather than being safe and prophetic spaces in which to address the issues, Kenyan
churches advocated and participated in the exclusion and oppression of people living with HIV/AIDS. With over 30 years of pastoral experience, Emanuuel Mayeku, Bishop of the King Jesus Faith Ministries, a network of churches located in East Africa, with over 70 Churches located in the three nations of Kenya, Uganda, Burundi, succinctly explained the impetus behind the reticence and reluctance of Kenyan pastors to address HIV/AIDS. Mayeku, a respected religious voice among King Jesus’s Faith Ministries’ estimated 20,000 members, described the historical relationship between Pentecostal churches caught in other-worldly/this-worldly rhetorical tension. He said:

To be honest with you, for some time back we have been so reluctant in our response to this deadly disease due to cultural backgrounds. We did not talk about it on the pulpit. We could not even mention it. The tradition of the church has created an atmosphere that if you stand up and talk about HIV-AIDS on the pulpit, it’s like you are acting like the world. You are not spiritual… since this disease involved people who are involved with ‘immorality.’ It’s like that disease could not come in the church, but later on it was discovered when you point fingers out there, it’s right in the church.172

The retreat to silence prevented Kenyan churches from noticing the devastating effect on their community and considering their own vulnerabilities in contracting the disease, in part due to the larger discourses and definitions of HIV/AIDS as that which affects the ‘other.’

172 Bishop Emanuuel Mayeku interviewed by Christopher House, (July 15, 2009), digital recording in possession of interviewer.
HIV/AIDS as a contested space for definition, previous scholarship on HIV/AIDS examined what is perhaps the Rosetta stone of understanding the justification of addressing religious rhetoric on HIV/AIDS: religious constructions of the disease. This is to suggest that if one can identify, understand, and delineate the competing definitions of HIV/AIDS used by religious speakers in their rhetoric then perhaps that will lead to one’s understanding of the rhetorical strategies and justifications for their responses to the presence of the disease. Early scholarship identified two prevailing constructions of the disease. The first construction of the diseases is that which affects “sinners,” namely homosexuals. The second construction is that PLWHA are “sick persons.”

Mark Kowaleski identified three additional responses in addition to the dual constructions of PLWHA as “sinners” and the “sick” that are helpful in studying my narrators’ responses to HIV/AIDS. They were: (1) “Blaming the Victim,”—defining AIDS as a divine punishment for those who transgressed the traditional boundaries of sexual behavior, i.e., homosexual sex. (2) “Embracing the exile”—defining AIDS as disease that can be avoided through curtailing certain risky behaviors. In this, response to AIDS is separated from any moral judgment. (3) “Helping the Victim”—definitions that attempt to reconcile the aforementioned two poles by defining AIDS as a “public health crisis,” while at the same time seeking to preserve traditional sexual norms.

In response to HIV/AIDS some leaders, for example, Kenyan pastor Alex Achuti, through acts of discursive resistance, faced the rhetorical task of defining the disease as being of something, in origin, of this world and not of the spiritual consequence or a matter of the supernatural. Achuti identified a problematic social construction of HIV/AIDS as being that of “witchcraft.” He preaches that HIV/AIDS is not witchcraft.


Rather, HIV/AIDS “is reality.” His rhetoric is concerned with educating others about this disease on “how it is transmitted, and …how it can be avoided.”

In Uganda, much like Mayeku in Kenya, Kabuye John, a former Anglican now serving as a bishop in the National Fellowship of Born-Again churches denomination and who provides spiritual leadership for over 1500 churches within three districts in Uganda, expressed much of the same reasoning behind Uganda’s history of Christian Pentecostal leaders remaining largely silent on the issues of HIV/AIDS. What Hughes called the “dilemma of status” concerning the proper response of religious leaders to PLWHA was a direct consequence of religious constructions, evident in recollections of early responses from my narrators. Early Ugandan religious constructions of HIV/AIDS were that of something belonging to “immoral people” and “people who were loose” and not the religious faithful. Consequently, John says, the “church took long… the church came last [in] fighting against AIDS,” because if this disease is of God, then what can humankind do about it, the rationale goes. Religious rhetorics of “blame” and retributive judgments were salient in Ugandan preaching, expressed as: “if you go out [of the context of marriage], you will get AIDS.” John explained that this limited understanding of the complex issues concerning high HIV infections defined the early rhetorical strategies of judgment rhetoric addressing HIV/AIDS as very narrow and “punitive” because many preachers did not know “that there are people who came to the Lord who [already] had it [HIV/AIDS], whom you can’t tell that to. And at the same time there are people who have received it

175 Pastor Alex Achuti interviewed by Christopher A. House (July 14, 2009), digital recording in possession of interviewer.
177 Bishop Kabuye John interviewed by Christopher A. House (July 19, 2009), digital recording in possession of interviewer.
[HIV/AIDS], having not even been involved in immorality – it [HIV infection] could’ve been through drugs, could’ve been medication.”

Considered now largely irrelevant, judgment rhetorics once heard in Ugandan Pentecostal circles regarding HIV/AIDS have been replaced by a new approach, according to John. The marked shift in the rhetorical justification for pastoral voices addressing the pandemic is rooted in the reality of the diseases’ presence in the country even among the faithful. This forced a theological and rhetorical shift that turned interpretative strategies that had given rise to judgment rhetorics on their heads. “We had to use a new approach whereby now it is a reality,” John said. “We came to train our pastors that the time has come to stop the condemning gospel, and now we preach the good news…AIDS was considered as judgment for immoral people…but as time went on we came to the reality that it is. . . like any other disease that affects people.” Still problematic and present in the type of pastoral theology/care that is at the heart of current pulptized rhetorics on HIV/AIDS, is that the stigma is superimposed on the disease and the attending isolation, marginalization, and discrimination of those infected.178

South African pastors Edward Phelta, Vincent Loate, and Victor Mokgotlhoa, too, testified to the poignant disapproval of prevailing judgment rhetorics that had become synonymous with early South African churches’ response to HIV/AIDS. Mokgotlhoa, with his 3000-member Praise Tabernacle Church, whose combined weekly religious radio and television broadcast reaches over 500,000 South African residents, raised serious questions concerning the use of a moral/immoral binary in respect to the distribution of the said “judgment” of God on certain individuals through their contraction of HIV/AIDS. “Why would he [God] judge some

people and don't judge the rest of the world and why would he sectionalize his judgment. If God is going to judge, he has to judge the whole world,” Mokgotlhoa exclaimed.179

Phelta, a former employee with the South African Department of Health, now turned spiritual leader for several branches of the 3500-member Gateway Church International in the Pretoria area of South Africa, preaches that this “judgmental spirit” is the biggest problem in his nation, one that precludes religious leaders from effectively ministering to PLWHA. Phelta believes that discovering that a person is living with HIV/AIDS is not an opportunity for judgment but for ministry. “It is not important how they got AIDS. What is important is that they have it, and it’s an opportunity for us to minister to them and to minister to their families. So it’s an opportunity for us to spread ministry and spread the gospel.”180 Phelta’s statement, “it’s not important how they got AIDS,” highlights a very common rhetorical response to HIV/AIDS, which on the one hand helps to provide a safe space for PLWHA to receive ministry from religious leaders. However, on the other hand, as we will clearly seen later, such statements also function as terministic screens that deflect attention from other important issues, i.e., sexuality, that the churches are reluctant to address.181

Vincent Loate represents a marked difference in religious thought concerning the justification for the rhetorics of judgment concerning HIV/AIDS. Vincent, pastor and Apostle of the 3000-member Emmanuel Christian Church in Pretoria, South Africa, finds the judgment rhetoric to be “unfair,” but perhaps “acceptable” in a sense that, as he said, “we,” speaking of South African people, “are a rebellious generation.” He then explains, “we do things against the

179 Pastor Victor Mokgotlhoa interviewed by Christopher A. House, (July 25, 2009), digital recording in possession of interviewer.
180 Pastor Edward Phelta interviewed by Christopher A. House, (August 8, 2009), digital recording in possession of interviewer.
will of God. I think I will sympathize and understand where the people were careful." Loate then went on to clarify his point further through sharing examples of members in his church and community with whom he could sympathize. Those individuals he called the “innocent,” for example, children born with HIV, or medical personnel who have been pricked by a needle used on a person who is known to be HIV positive. Yet, Loate recognizes that individuals will have instances or moments in life where they make foolish decisions, i.e., engage in unprotected sexual intercourse and consequently contract HIV/AIDS, “but” he is clear to qualify his position “that’s not the only way” people are infected or how people are affected. Loate suggests that the prevalence of HIV/AIDS in South Africa is more of an issue and challenge of respecting divine boundaries around human behavior in terms of sexual behavior more so than lack of knowledge concerning the modes of infection. He explains, “God sets boundaries... and... when humans go beyond those boundaries, we over expose ourselves to problems and difficulties.” Persuading those in his community to respect those perceived boundaries placed by God is the greatest rhetorical challenge that the church faces in addressing HIV/AIDS, according to Loate.

### 2.3.1 African Church: Safe Spaces

Having experienced a rhetorical about-face in their response to HIV/AIDS, Garner found that of the four influential factors in South African Pentecostal churches that affected significant behavior patterns, indoctrination was the most influential and significant factor. Indoctrination in the church is often manifested through Biblical teaching and the familiarity with and amount of

182 Pastor Vincent Loate, interviewed by Christopher A. House, (July 22, 2009), digital recording in possession of interviewer.
usage of Biblical texts among members in the church. Sermons stand out as an important and, perhaps, the most frequent iteration of indoctrination heard in my narrators’ churches on a weekly basis. In addition to sermons, indoctrination was often reinforced in subsequent teachings and bible readings in small groups, which I will address in a few moments. It is important first to make a distinction between what Garner called “value-free education” and what was heard at the research locations I visited, which can be classified as indoctrination. Unlike indoctrination, value-free education on HIV/AIDS has been ineffective; as Christine Varga and Lindiw Makubalo conclude, “AIDS knowledge does not influence sexual decision making or behavior.” However, to change at-risk behaviors, a discourse that emphasizes the costs associated with risky behavior, i.e., a value-laden rhetoric is needed. Pulpitized rhetoric through sermons provides an exemplar and serves as arguably the most powerful type of this discourse.

Case-in-point, Mayeku explains one of the first ways that he began to address the issue of HIV/AIDS was through the church’s most powerful and persuasive tool: sermons. In line with his theological views on other diseases and unfortunate situations, he preached to his auditors “a collective or a general message on this disease’s existence and [how] you can find yourself in the same situation.” Breaking institutional silence about the disease, he urged his audience members, “don't keep quiet. Come and talk about it, let’s pray with you.” Speaking from the public pulpit as the first rhetorical approach to HIV/AIDS his ministry, Mayeku, for example, during one of his open air crusades at which between 5000-20,000 people generally attend, remembered preaching about HIV/AIDS and telling those in attendance who were silently living

with HIV/AIDS “God, he does not hate you, he loves you.” Tearing down socially and religiously constructed walls of alienation that rhetorically drove a wedge between PLWHA and God at the hands of judgmental religious rhetors, Mayeku preached a message of hope and love to counter what he believes to be a major player in the feeling of guilt and shame that PLWHA experience in religious settings: anger towards God. He said they are “angry with God because they feel God is judging them and wants to kill them.”

The Old Testament Book of Psalms 107:20 (“He sent his word, and healed them, and delivered them from their destructions”) served as the rhetorical backdrop for one of Mayeku’s sermons in which he desired to bring some sorely needed correction to prevailing religious conceptualizations of HIV/AIDS as God’s judgment on PLWHA. His intent for this sermon was clear when he said to his audience, “I prayed that this message of healing would bring hope and expectation to my audience.” His message rested on his rhetorical use of an enthymeme. That is, Mayeku’s sermon presented the major and minor premises for his argument and his audience supplied the last premise or conclusion. The enthymeme, or rhetorical syllogism, used by Mayeku functions much more persuasively in this sermon, as the auditors help to create the meaning of the message along with him. Said another way, Mayeku’s audience would supply that missing premise based upon a communal belief and understanding that the verse of scripture selected for the night’s sermon was indeed, as he said, “God’s word.” As such, his rhetorical approach would use an authoritative religious warrant by which to speak further on the taboo subject of HIV/AIDS. Mayeku preached to his audience “God intends to bring healing. And you’re probably out there suffering from this deadly disease, HIV/AIDS. And if you are out there, I come to you with this message of hope. God is a healer.” During my interview Mayeku candidly confessed that the major premise in his message of hope was that “God is a healer.”
went on to say, “I am aware that every time I preached this message, I believe God heals.” However, he also confesses another reality: “sometimes things do not work the way I expect.”

Mayeku said that through these types of religious discourses on HIV/AIDS, a safe-space was created and in response attendees felt comfortable, safe, and empowered enough to come forward and disclose their HIV-positive statues. Some, he said, requested prayer for divine healing, but this was the first step for Mayeku in that his messages also underscored the importance of collaboration with medical communities in the fight against HIV/AIDS. Thus after praying for divine healing, Mayeku claims that some who were HIV positive have been supernaturally healed of the disease, but, in all cases, he instructs them to go for counseling and to VCT to ensure that they are taking “the right drugs and are following the directions of the doctor.” Conversion for Mayeku and other narrators was the ultimate purpose for ministry to PLWHA. Becoming a born again Christian is “the most important miracle that I would like them [PLWHA] to experience,” he preached. Salvation lived out through an embodied African experience holds tremendous possibilities for material change. In other words, otherworldly visions, i.e., salvation for PLWHA often impact this-worldly realities through proper diet, nutrition, and proper rest. Such rhetorical postures and implication of otherworldly visions encompass both poles of such a tension rather than creating an either/or rhetorical binary that often immobilizes religious leaders’ responses to HIV.

James Muranga, Bishop of the Grace Community Fellowship, a network of over forty churches in Kenya, spoke of the rhetorical turn away from a “victim theology” to rhetorics of hope now heard in his sermons. “Every other Sunday morning,” he said, “we are confronting such situations, but the time that I’ve had such opportunities to minister to such individuals, it has been more of an exhortation that helps to remove guilt from their lives, to build faith and to

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186 VCT is an abbreviation for Voluntary Counseling and Testing.
give them hope.” In the context of these churches, religious messages in church settings or in small groups could be regarded as an act of resistance of—or challenges to—community silence about AIDS. Echoing prevailing Kenyan Pentecostal religious beliefs concerning divine healing the essences of Muranga’s sermons rest on the teaching that with faith in God, “it shall be well,” as he encourages his followers “to have hope and faith that God can heal, but even if he doesn't heal we still do not lose our trust in the Lord. If we die, our faith should still be in the Lord.” Muranga’s message is nuanced, though, as he holistically preaches about HIV/AIDS. Moving away from a moralized message, his sermons featured calls to action. He challenged listeners to continue in spiritual formation through prayer and in building community through relationships with other believers, through medical support for treatments of opportunistic diseases for PLWHA, and in regularly taking ARVS. He advised seeking professional counseling for ongoing wellness in mental health needs. He pointed to dietary considerations in maintaining good nutritional habits that will help “to keep you healthy despite the HIV and AIDS,” viruses living in your body. Muranga’s message for those who may be indifferent towards the message of HIV/AIDS in religious settings because they presumably do not have “symptoms” of HIV/AIDS is to “know your status.” Muranga’s messages are steeped in discourses of hope that function as an important rhetorical strategy in his and other narrators’ rhetorics.

Speaking from the sacred rhetorical space of the pulpit was a crucial step in creating safe spaces within Kenyan, Ugandan, and South African Churches. Kenyan-born Solomon Wakhungu, pastor of the 200-member King Jesus Faith Ministries in Lugula, Kenya, described the rhetorical and symbolic power that the pulpit holds in Kenyan Pentecostal communities.

187 Bishop James Muranga interviewed by Christopher A. House, (July 14, 2009), digital recording in possession of interviewer.
In other words, Wakhungu and others within religious communities the idea of space carries rhetorical power, in particularly, the Christian pulpit. This is to say, the rhetorical pulpit in Kenya churches are symbolically charged with meaning as ‘holy ground’ upon which messages of ‘holy’ significance are communicated. For Wakhungu, then, specifically speaking from the pulpit is a rhetorical strategy that effectively deconstructs the binary of the sacred/secular as it relates to HIV/AIDS, once thought of as being a secular issue. Thus, for Wakhungu to speak of HIV/AIDS in this pulpit was to “bring the world into a holy place.” Whereas the pulpit historically reinforces binaries and hierarchies, Wakhungu, as a spiritual watchman, harnessed the rhetorical power of the raised pulpit. As one who sees the destruction of HIV/AIDS in his community from atop his spiritual watchtower, he said “people can see you and hear you, and you can see and hear them, see their needs and all that.” Consequently, when one speaks “positively” from the pulpit about HIV/AIDS, the sacred is infused with the secular and the secular is infused with the sacred. “It gives hope to the people,” he said. As we first observed in Muranga, the discourses of hope, function in Wakhungu’s messages as both a tool and an outcome of rhetorical struggle.

South African pastor Mokgotlhoa’s comments about the pulpit are instructive as he explained how he understands the inherent power that resides in the rhetorical pulpit. He said that his motivation to first speak about HIV/AIDS came from the realization that he could no longer “preach” and leave PLWHA “behind.” To speak from this pulpit about HIV/AIDS is a discursive act that grants visibility to the presence and devastation of the disease in his South African community. Conversely to remain silent about HIV/AIDS in the pulpit is, as Mokgotlhoa said, to “leave behind” or render invisible the needs and bodies of PLWHA. By far

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189 Pastor Solomon Wakhunga interviewed by Christopher A. House (July 15, 2009), digital recording in possession of interviewer.
the pulpit is the most rhetorically saturated and symbolically powerful space in the church because, “if a man of God can even go into that sacred place and start talking about it [HIV/AIDS] from there it has an impact that this thing is serious,” he noted. The pulpit then functions with enthymemmatic power for Mokgotlhoa because of the rhetorical meaning associated with it as a sacred yet physical space in which he communicates about HIV/AIDS. “You can see in the congregation, when I start talking about it, [HIV/AIDS] even people who are taking notes, they will stop taking notes and listen, to say ‘this thing must be pretty important.’” One way in which pastors have started homiletically granting visibility to PLWHA is through preaching from passages of scripture that are linked to issues of the epidemic and the disease itself. 190

One of Mokgotlhoa’s more memorable sermons on HIV/AIDS from the pulpit focused on several passages in the Old Testament book of Jeremiah in which hundreds of years ago, the prophet described the wounds of those he ministered to as “incurable.” Using the same passage, Mokgotlhoa analogically preached a sermon about the incurability of HIV/AIDS in present day South Africa. In this sermon, Mokgotlhoa asked an important question, if as in the days of the prophet Jeremiah, but for us today. If the wounds of HIV/AIDS are incurable then “who do we turn to?” 191 His message then pointed his congregants to the only compassionate and merciful person to whom PLWHA could run to, he believed. That person was “no one but Jesus,” he told his church, radio and television audience. In addition to his sermonic presentations in the pulpit, Mokgotlhoa uses media presentations during some of the Sunday evening services to address the issue of HIV/AIDS, as part of his overall strategy to help PLWHA “become spiritually alive.”

DVDs are strategically selected and viewed during what is typically the time and space reserved

191 For example, see Jeremiah 15:18; 30:12; 30:15.
for Mokgotlhoa’s Sunday evening sermons. Like a growing trend across the world in Christian churches, media and orality are being effectively combined for religious rhetoric. He explained the mediated relationship between religious rhetoric and HIV/AIDS like this:

We are using a bit of technology. Like for example when people see something, it helps them quite a bit with their perception. We look out for DVDs and videos that help encourage people…. Sometimes we just close our evening service and then we have a DVD in the evening and when people come in, they just come in to watch a DVD that will cheer people up about people who are living with HIV, and how those who are not infected could help to cheer them up and even help them spiritually to go on.

Mokgotlhoa’s church was the first to introduce us to visual rhetoric in the service of religious discourses on HIV/AIDS. Visual rhetorics can also be considered as another strategy employed by religious leaders. Because the DVDs are played during the part of the services that are usually reserved for Mokgotlhoa’s sermons, such uses of visual rhetoric help to place PLWHA at the center of discourses in religious spaces.

In Uganda, sermons were first used to create safe spaces where PLWHA could discuss their experiences of being infected, and where people who were affected with HIV/AIDS could come to receive spiritual help and support. In addition to sermons, Ugandan pastors utilized the arts to help address the issues of HIV/AIDS within a Christian context. Bishop John explained that in 2009 hundreds of churches across Uganda came together to perform skits, dramas, and an American Idol-like singing competition in which young adults and teenagers in the community
competed to determine who could come up with the best religiously grounded public service announcement raising awareness and giving voice to the diseases, as part of a sustained non-judgmental dialogue about its presence. So far we have seen how narrators used various means of sermons, the arts, media, and prayers, in addressing institutional silence shrouding HIV/AIDS. Consequently, safe spaces were created where those infected and affected by HIV/AIDS could experience empowerment and were granted agency to resist hegemonic constructions of HIV and PLWHA.

2.3.1.1 Small Groups

An important strategy used by religious leaders as part of their rhetorical approach to addressing HIV/AIDS is the use of small group ministry. It is important to think deeper about the concept of safe spaces and its intersection with Christian thought. Christian doctrine maintains that the “church” is not the physical building but actually the individuals who meet in the building or houses of worship.\(^{192}\) Said another way, the faithful followers of Christ are said to be the “called out ones” i.e., the church.\(^{193}\) That said, I consider further Ugandan narrators who spoke of a major trend within their Christian circles, and largely across the world: small-group ministries. Small-group settings, e.g., homes, coffee shops, that played host to religious rhetorics on HIV/AIDS have a greater potential to create widespread safe spaces for PLWHA in community settings where they share a common identity much the similar to a localized setting, i.e., the physical church. Even as home-based care has been effective in (re)intergration of

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192 The Greek New Testament word *ekklesia* is translated “church” in the English Bible, which means an assembly of individuals who have been “called out” to form a collective body.
PLWHA back into African society, Vhumani Magezi and Daniel Louw further state the contributions that African churches are making through the use of “Congregational home based pastoral care.”¹⁹⁴ Peter Byansi maintains that the smaller house-based ministries approach for PLWHA and the communities affected by HIV/AIDS is effective in that it helps to mobilize the Christian community in smaller models and structures.¹⁹⁵ Rhetorically, these approaches have been used to place PLWHA and their families at the center of ministry.¹⁹⁶

As churches have often provided a prime meeting location for community purposes, I observed small groups ministries on HIV/AIDS that took place in a localized church that often became an intimate safe space in which people reflected in religious ways about HIV/AIDS and its consequences, while building community among the members.¹⁹⁷ This was the case for Ugandan Pastors Joseph and Frida Kakande. Their church, Christ Ambassadors Church, houses an orphanage and an elementary school, Champions Community School, offering a specialized small group ministry for their parishioners and community members based upon demographics. For example, in addition to speaking about HIV/AIDS from the pulpit, the Kakandes address the issues within their marriage meetings, single-mothers meeting, and youth and children’s small groups. Using a style and manner appropriate for each group, the Kakandes speak to the group members of “the painful death or the pain of HIV that HIV patients go through.”¹⁹⁸ The small group format has proven successful for them; yet, capitalizing on the discursive power of the pulpit has been most effective. In one case when after the burial of a young man who died of

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¹⁹⁷ Ibid., 17.

¹⁹⁸ Pastors Joseph and Fred Kakande, interviewed by Christopher A. House (July 19, 2009), digital recording in possession of interviewer.
AIDS related complications, the Kankades, so moved by the circumstances of his death, returned to their church that evening and in their own words, “had to preach on this man’s death that was caused by HIV.” Consequently, that sermon addressed those living with HIV and those who practiced discrimination toward PLWHA. To the latter their message was pointed: “The Bible says that we are all sinners except for the fact that we are changed today. And the fact that we are not infected today does not make us more righteous.” Arguably, such statements like “we are all sinners” rhetorically creates common ground amongst all human kind, HIV infected or not, thereby rejecting us-versus-them judgmental rhetorics based upon oppositional difference between religious groups and PLWHA.

Narrators in Kenya, South Africa and Uganda all spoke of the use of small groups in their HIV/AIDS ministries. No small group setting can be effective in addressing HIV/AIDS without the rhetorical strategy of the religious emissary. While senior pastors cannot physically be in every location at once speaking to those infected and affected by HIV/AIDS, they can and do commission an emissary to go and speak in his/her/their stead within homes and small group settings throughout the community. This strategy is at work in the ministry of Sarah Wafula, pastor of the 15-member, Pioneer & Deliverance Ministry in Bungoma, Kenya. Conscious of the constraints placed on her as one pastor in a fight against a ubiquitous disease that has ravished her country in epic proportions, Wafula taps into the rhetorical power of a “sent one” with a pulpitized message. Within her church, Wafula encourages “those ones that are trained to speak to others in the community about HIV/AIDS…because,” she said, “I cannot reach the whole community.”

199 As pulpitized rhetoric, the messages of emissaries theoretically carry the same weight and rhetorical influence as sermons heard in pulpits across Kenya, Uganda, and South

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199 Pastor Sarah Wafula interviewed by Christopher A. House (July 14, 2009), digital recording in possession of interviewer.
Africa. Hence, the rhetoric of the church is extended through emissaries as Wafula and others take their messages to communities beyond the four walls of the church to reach “to those ones who fear coming to church,” and who may also fear knowing their HIV status.

Small groups help to form a communal identity that is rhetorical in nature for its members and has a powerful influence on actions and behaviors through support that is reciprocated in settings that allow for greater accountability of its members’ behaviors. Sermons and small groups create an abstract spiritual space for people to actively imagine lives affected by AIDS and to consider how their own families and communities have been impacted. Through real-life testimonies, alternative representations of HIV/AIDS are presented which could help the church challenge the idea of HIV as “the gay male disease,” a myth that perpetuates stigmatization of the disease. Testimonies also serve as a way for PLWHA to tell their story in their own words, which Christina Landman and Musa Dube have shown helps to aid those infected and affected in accepting their illness and in contributing to their healing. Much like the sermon was used for indoctrination in the physical, local church, small groups provided another space for indoctrination through teachings, songs, scripture reading, and testimonials to bring about changes in sexual behaviors and attitudes within the community for those who may have never attended a religious service in the church buildings. Additionally, messages of HIV/AIDS are reaching a wider audience through the rhetorical influence and authoritative stamp of the approval of African churches.

2.3.2 African Churches: Prophetic Spaces

Examining my narrators’ prophetic rhetorics that challenge structural systems that perpetuate and reinforce inequalities, positions us better to understand how the issue of race functions within religious spaces and rhetorics that address HIV/AIDS. For example, prophetic rhetoric is as much a part of Vincent Loate’s religious rhetoric on HIV/AIDS as are messages of hope and faithfulness for his congregation in South Africa. Loate is aware of the potential that his sermons hold to effect change in the political landscape of South Africa. Among the weekly faithful in his congregation are some of South Africa’s senior political leaders. Thus, Loate explicitly “speaks truth to power” in his sermons, when, for example, discussing the effects of racism, colonialism and post-colonialism, he said, “the system has broken Africans in South Africa down to where we have gone to the place where we accept that this is our lot- you know, there isn't much coming except to get grants from government to exist.” Loate’s statement cuts to the heart of how race functions as a context in which he addresses South African inequalities within his religious rhetorics. 203 Furthermore, Loate’s rhetoric situated within the context of race points to an interesting observation in Black religious rhetoric across the Diaspora that begs us to further examine how rhetors who are part of the dominant racial society articulate their rhetorics in ways similar to and also distinct from others who minister in spaces where they are not members of the dominant society.

In addition to addressing social identity hierarchies based upon race, issues of gender and patriarchal inequalities were also the targets of some religious prophetic rhetorics. Research in other African locations found that support for the practice of men being entitled to concurrent

203 I draw on Michael Eric Dyson definition of “race as context.” As that which “helps use to understand how the facts of race and racism” in South African society. See Michael Dyson, The Michael Eric Dyson Reader (New York: Basic Civitas, 2004), 59.
multiple sexual partners is widespread.\textsuperscript{204} Loate addressed the relevance of such findings. Taking into account the intersections of poverty, gender, culture, and HIV/AIDS, Loate explained why he feels compelled to speak to such structures:

From my standpoint poverty is a major killer, is a major cause here. When you talk poverty, not only lack of materials, but lack of knowledge as well is a major contributor and killer in Africa where we follow certain customs that are suitable, like here we can marry more than one wife, so that perpetuates HIV and AIDS. We have a president whose got four wives, and so that perpetuates that culture of undermining women… because the women who get married don’t think that they’re being undermined because of the first wife and the last wives, their rights are about the same. And so children suffer humiliation due to their position within the family because they will not have the same standing in terms of inheritances. The people will get exposed… to things like prostitution, selling themselves for cheap just to make sure that you survive and your children survive. Poverty is a major contributor to HIV.

In a scathing prophetic critique of a similar Kenyan tradition that fosters at-risk behavior, Kenyan pastor Wafula said in her sermons:

First of all I have taught people to check on their traditions. Let them study them well, and they should not respond to them. And study the Word of God and see

where their traditions contradict the Word of God. In our tradition in this land, when the boys are circumcised, even if he is at the age of 12 years he will be told these words, “that door which is open is yours and that door which is closed belongs to somebody else.” Which means you are free to go with any woman [i.e., be sexually intimate]!

In challenging these traditions, she preaches “You cannot take a 12-year-old boy and tell him that.” Demonstrating his understanding of the larger structural issues that facilitate HIV/AIDS in Kenya, Mayeku said:

Most African children who drop out of school after finishing their elementary education [have] parents [who] will not be able to educate them [further], they will go back home and they will have no money to proceed and to go to college and earn a living. They will be careless and turn to any other way to survive and moving through any other way for survival, opens the way of our young people to be involved in sexual activities… then they contract these kinds of diseases.

William VanGemeren states that, like Mayeku, Loate, and Wafula, prophetic words, on the one hand, are sent to challenge the systems and structures that maintain injustice and evil, or simply put to “afflict the comfortable.” On the other hand, the prophetic word, as in the excerpts that follow, works toward the other end of prophetic rhetoric: to “comfort the afflicted.”

Fellow Kenyan pastor Alex Achuti preaches a message of “encouragement” that comforts his

audience and “reassures them” that even in the midst of evil systems and practices, “God [is] raising the economic standard” for them. To challenge further an unjust economic system that contributes to the high number of HIV/AIDS cases, Achuti’s prophetic messages include a plan and methods of resistance that encompasses strategies for his parishioners to improve their economic conditions. One example preached by Achuti was the “merry-go-round.” Bringing again our attention to rhetorical strategies that are used to negotiate the otherworldly/thisworldly tension, Achuti explained the merry-go-round program this way: “we organize groups...[;] we call it a merry-go-round meaning an individual says what he or she wants to have, and the other members of the group contribute to that cost. And the next time it goes to the other person.” The purpose of prophetic messages such as Achuti’s that attend to such issues and then translate the message from words to action is “to empower the church... to show by living example that they can go to a place and change and influence the community to see them turn away from injustices.” Achuti believes this is a rhetorical endeavor that only religious leaders can undertake because many of those in power in his countries are the very same individuals who are responsible for the maintenance of such injustices.

For Pastor George Ngobi of the Victorious Life Church in Uganda, his messages are shaped by the relationship between HIV/AIDS and poverty and the impact seen by it in the lives of orphans and widows. The socioeconomic conditions and gender inequalities that serve as structural barriers for Ugandan women and children in their ability to lead quality lives has become an area that has come under scrutiny in John’s prophetic rhetoric. For instance, in his sermon, John quoted to his audience from the Old Testament book of Psalms 68:5, that reads God is, “A father of the fatherless, and a judge of the widows, is God in his holy habitation.”
Before a mixed crowd of people, some PLWHA, others not, some orphans, and some widows, Ngobi preached:

You have been left. You're an orphan. Your parents passed away…. Your husband passed away, but there is hope. You have a father in heaven who is going to supply your needs…. We are your pastor…. We will stand with you, please don’t lose heart. Though you are an orphan, and you are a widow there is hope. God knows about your situation.206

The sermon, Ngobi believed, “was giving them [PLWHA] hope,” while at the same time achieving another important task: prophetically challenging the lack of education, patriarchy, and socioeconomic factors that plague most of the people in his community. In no uncertain terms did Ngobi prophetically speak to the unparalleled, patriarchal power that men have in Ugandan society and in turn how that privilege is tied to the oppression of women in profound ways, evidenced in lack of women’s access to education. Ngobi’s sermons called for systemic change in the country and challenged Ugandans to further educate themselves, and to develop skills that can generate income and opportunities for them, especially women.

206 Pastor George Ngobi interviewed by Christopher A. House (July 19, 2009), digital recording in possession of interviewer.
2.3.3 African Churches: Liberating Spaces

Scholars have regarded the church as prophetic and liberating spaces. However, not all scholars are optimistic about the liberating or progressive capacity of religious institutions. While some churches across the diaspora have served as progressive voices and spaces for change, others have maintained the status quo—supporting ideas and practices that are the most harmful the most for the marginalized members of the communities. Underlying inequalities and power imbalances in gender relationships have exacerbated the HIV/AIDS epidemic in Africa, resulting in a significant impact on women. The churches in this study, akin to Pentecostals churches around the world, are made up of predominantly female parishioners, yet are, in terms of leadership structure, lead overwhelmingly by men. Consequently, many of the sensitive and difficult situations and issues that affect women are homiletically ignored and remain unarticulated by male leadership. None of my narrators explicitly expressed a feminist standpoint in their hermeneutical orientation in interpreting scriptures, yet they all did express a feminist consciousness. I observed this through their pulpitized rhetoric on liberation and empowerment for women, particularly regarding matters of sexual practices. Traditional interpretations and the historical and ideologically driven selective use of scripture within Pentecostal circles once put forth that women were to be submissive to and subservient to men, rather than advocating for mutual submission between husbands and wives as scripture also

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maintains. The implications of such rhetorics are serious when within the context of African society; women are often disempowered to negotiate condom use among unfaithful husbands. According to previous studies, churches were negligent in addressing such teachings that increase the risk of infections of HIV/AIDS for women.210

I observed that in religious spaces in Kenya, South Africa and Uganda there was a strong message of liberation for one of the most vulnerable members of each respective community: women. Hegemonic African constructions of masculinity has emerged as a major issue that pastors must address as they present liberating messages for the churches’ major constituents: African women. In hegemonic African constructions of masculinity and reality, “sex is a man’s issue,” and “public displays of sexual potency” have become a “constitutive element of African masculine identity.”211 Resistance to discussion of condom use among African men is widespread as such practices do not fit within prevailing cultural patterns of sexual norms and often the negotiation of condom use are triggers for domestic abuse.212

In an interview, Kenyan Bishop Mayeku retold a very common situation in which a woman, who was a member in his church, discovered that she was infected with a sexually transmitted disease. It was then later discovered that this woman contracted this disease from her husband who had been engaged in an extra-marital affair. After the affair, the husband wished to continue having sexual intercourse with his wife. Seeking counsel from the Bishop regarding her husband’s sexual behavior, she asked, “what should I do because I advised him to use condoms. But he was not for it.” Mayeku’s counsel to the woman was to remain committed to her decision that she would not have sexual intercourse with her husband unless he used a condom. Even still,

210 Ibid., 370.
211 Frederiks, 18.
Mayeku agreed that her decision “was a tough decision,” as he acknowledged the power imbalances and strong gender inequalities that privilege men in Kenya when he, in response to the women’s request for condom use from her husband he said, “the man could fight.” By this Mayeku meant that some African men could and often do resort to physical abuse, and in many cases marital rape in response to their wives withholding sex from them because of lurking suspicions of their husband’s marital infidelity. He furthered explained, “in Africa,” he said, “men can fight. But I counseled the sister to be strong, and not to take that risk. I know that there are women out there who are hurting because men will force them.” In such discordant situations, fellow Kenyan preacher, Achuti preaches to the women that not engaging in sexual relations with infected partners is biblically justified. Thus, whereas misunderstood and misinterpreted scriptures have been used as rhetorical justifications in promoting gender inequalities, scripture is not being used to empower women in matters concerning their sexual health. Scripture, he said, speaking of the permanency of marriage, ‘‘says until death do we part.’ But here is a case whereby one is carrying death [HIV/AIDS], and the other one is okay. So this man has broken the covenant, directed his anger at God, and is coming back because he ha[s] no alternatives. So they should not have sex.” From Achuti’s excerpt and as I observed in other places, rhetorics that challenged traditionally sexual oppressive articulations of scripture were being used by my narrators to create sexually liberating spaces for African women in heterosexual relationships.

Similarly, Bishop John’s message of liberation for women in Uganda has not been limited to the physical pulpit. Intrinsically aware of the moral authority with which religious leaders speak, John took his message of liberation on the road with him and into the homes of women to challenge misogynistic and patriarchal structures that objectify, dehumanize, and
devalue women, thereby increasing their vulnerability to HIV/AIDS. In one instance, John went into a home and boldly challenged “clan people” who were subjecting women to treatment that placed them at-risk for sexual abuse and inevitably HIV infection. In those liberating, pulpitized spaces, John said his message for the women was directed at the men. Speaking to the abuse of women, he told the men “please if this is what you think, this is not going to happen. This lady is not your property. This woman belongs to God. He has a right over her body.” In Uganda, pastors are taking these kinds of message into the homes of women and simultaneously speaking to men in their community who may never enter the doors of their churches about HIV/AIDS and gender issues, according to John.

In addition to counseling and sermons, liberating messages through small group ministries have been directed toward another at-risk group in Uganda: widows. John described what he called “a widow’s movement” that is growing in his church. That is, in these spaces agency is granted to widows of the community to gather, individually and collectively, and to speak of their experiences of death, grief, and HIV/AIDS in a religious setting. As with other narrators, John’s message of liberation came in the form of economic empowerment, which subsequently grants agency to African women to negotiate the kind of life they desire to lead. “In this province,” John said, the widows’ movement has focused on “economic activities like raising pigs, agriculture, others are weaving things which can be sold on the market.” From this statement, we can recognize how the most robust messages on HIV/AIDS speak to an intersectional understanding of the interlocking network of oppression within the context of HIV/AIDS. John’s rhetoric, for example, speaks to issues of classism, sexism, and racism and not-mere behavioral changes.
Not far away in South Africa, Loate’s practical message of liberation for women is heard in terms of his sermons that encourage women to become further educated. The rhetorical dimension of this aspect of his ministry was clear, as he said, “our push is for women to be educated; women to be empowered.” He went on to explain:

We usually say that women who are educated and working or having their own business, they are made to make decisions. And therefore if someone is married to an educated woman they will not undermine her. If the woman contributes to the finances of the family, she will not be undermined because she is an economic contributor. And for the young women who are not married, we always encourage them to start their own business, to invest to make sure they are solid in their own right.

Loate explained his rhetorical strategy for addressing the vulnerability of women and also how his rhetoric includes strong appeals to the power of choice, which he wants women to consider in selecting their future mates. “In terms of the fact that they are vulnerable, we usually say choose your environment. We have premarital counseling and things like that. So we tried as much as possible to create space for women to be aware, to empower them… those who are housewives we try to encourage them to try to start their own businesses, we call them home industries.” Loate prescribes economic empowerment as a method of resistance to economic interrelationship of marginalization and the subsequent abuse of women within the larger context of HIV/AIDS. He observed, “Much of the abuse in South Africa,” afflicts “its women who are housewives who
are 100% dependent on their husbands or partners.” Both Loate and John demonstrate the intersectional dimensions of their HIV/AIDS rhetoric,

Loate and other religious leaders interviewed preach practical messages of economic empowerment and the pursuit of further education that brought about liberating spaces for women and also a decrease in HIV infections among African women. Religious rhetoric concerning HIV/AIDS without multi-dimensional, nuanced approaches apart from religious warrants and motivations prove ineffective. As such, Loate believes South African women will continue to place themselves and their children in abusive situations due to a lack of resources by which to care for themselves. Consequently, he said, “So much of the time they will absorb this, the abuse with the hope to say I am protecting the children not being aware that the children see the abuse and they get traumatized as well in the process.” Loate’s rhetoric then points to the lack of priestly rhetoric that speaks to African women’s love of self, self-determination to resist the internalized oppression and dominant discourses of women as being of second-class status.

In all three African countries, my narrators preached messages of liberation that focused on the empowerment of women to engage in condom negotiation within a marriage relationship. Nevertheless, a tension surfaced in several interviews as religious leaders tried to negotiate their longstanding beliefs that are unsupportive of condom use for unmarried Africans and the reality of increasing HIV/AIDS rates among unmarried Africans through unprotected sex. For many narrators, condom use was not the answer but rather behavioral changes were the focus of their rhetorics. Ugandan leader Bishop John shared these sentiments in his rhetoric on condom use. One method used to train religious leaders on how to discuss HIV/AIDS was through the government-sponsored “Abstinence, Be Faithful and Condomize” campaign. For John and

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many others, the A and B teachings fell in line with traditional Christian sexual ethics; however, the resistance emerged concerning the “Condoinize” part. John said in Uganda, “it would not be for the church to accept the third, using condoms.” Nevertheless, he does seem to acknowledge the fact that having unprotected sex among single people has resulted in HIV/AIDS infections, because he said, “but we are teaching like it or not, reality is reality.” John’s rhetoric illuminates the tension and seems to suggest that the message of abstinence alone has not been effective in most cases; yet, he quickly fell in line with his more conservative positions that he regularly preaches, that is, condoms within the context of marriage. Still, again wrestling with a medical/moral tension, he said, “while it is true condoms won't be accepted in the church, we also support it because we find we have discordant families, husband is infected, wife is not infected and they are living together.” John’s rhetorical challenges stand in contrast to his fellow Ugandan Bishop, George, whose reaction to the morality of the government’s Abstinence, Be Faithful and Condomize program was, “why should we teach people to use condoms? It would be like we are encouraging immoral practices because you use a condom on somebody whom you are not taking to be your partner for life.”

In South Africa, I noticed another marked difference in some religious leaders’ rhetorical postures concerning condoms that arguably can be viewed as liberation through the churches’ endorsement of condom use for unmarried, sexually active African. While abstinence among the faithful is the Christian ideal, South African pastors Loate’s and Mokgothla’s rhetoric seems to recognize the need for condom use within the larger discussion of the HIV/AIDS epidemic among unmarried South Africans. Loate’s argument rests on a series of claims to the unmarried concerning the need to raise “their moral standards” in abstaining from sex. Loate’s messages also demonstrated the rhetorical difficulty that religious leaders face as they seek to negotiate the
medical vs. moral tension concerning condom use. From a moral standpoint he said, “even to talk about condom use… it’s like we are endorsing the immorality in the first place.” Then, in another telling statement, he rhetorically attempts to scapegoat the act of sexual intercourse outside of marriage as opposed to condom use to prevent HIV infections through unprotected sex. He said, “I do not particularly advocate for condom use, or rather I do not advocate for sex before marriage.” Loate’s rhetoric then seems to recognize that multiple spaces must co-exist in the church as people are at various stages of their Christian walk and vows of celibacy. He commented that, “even among the faithful that there are individuals who are at different places in their abilities to adhere to the standard of abstinence.” He went on to say, “You know, you have your most faithful people who will never go out of God's way, but you have people who are living on the periphery.” While such statements implicitly suggest that sexual activity outside of marriage is not the Christian ideal, Loate still realizes that for others who are not practicing abstinence, “the only way to try to educate them and to create space for them… and possibly for them, their only hope is condoms.” Through such rhetorical maneuvering, Loate tries to negotiate the medical-moral tensions through rhetoric that promote spaces of liberation through, as we later discover among my African American narrators, rhetorics of “grace” for those who struggle with abstinence.

In a similar line of thinking, Mokgothloa reminds his followers of the ideal of abstinence as part of his Christian sexual ethics, when he preaches that “as a spiritual being you would be better off if you abstained, but if you are tempted, if you know you’re going to fall to temptation, if you know you're going to do this, get a condom.” Nevertheless, his clergy members refused to speak about condom use in a way that brings liberation to others outside the context of marriage. For Mokgothloa, his counterparts’ retreat to silence is part of religious leaders “hiding our heads
in the sand” in respect to the larger conversation about HIV/AIDS. Speaking about condoms from a more liberal position is to reject the culture of denial concerning the reality of sexual practices even among the most faithful who, according to most Pentecostal beliefs, should practice celibacy prior to marriage. The tension of idealism vs. morality and reality vs. medical considerations are collapsed when Mokgothloa speaks to the reality of the sexual practices of the unmarried, “we can say they’re not doing it, but they are doing it.” Pastors like Mokgothloa, trying to negotiate the medical vs. moral tension, have publicly remained silent on the issue but privately supported the use of condoms for members to reduce HIV/AIDS transmissions.\(^{215}\)

Even as Mokgothloa’s sexual ethics endorses condom use for some, he stops short of including distribution of condoms within his ministry as part of the performative acts of his rhetorics. He said, “We are not giving it to you. You go get it yourself because whether we like it or not people fall in temptation, especially young people. So we say to them if you go, go and get yourself.” Mokgothloa marks a unique departure from other narrators in that almost all others expressed resistance to the idea of encouraging condom use among unmarried Africans, because so doing, they believe, would implicitly encourage sexual activity outside of marriage. Mokgothloa’s rhetoric, however, suggests that the rhetorical presentation of condom use is not tantamount to suggesting a lesser ideal, but rather it is the symbolic act of distributing condoms in the church that is tantamount to such. He later spoke to a sharp tension in some religious circles in Africa regarding condom use. He said, “there is this misconception in Africa if you do that [encourage condom use], it’s like you're saying, guys, let’s go do it openly.” However, his message is: “go and get it wherever you can get it. We don’t want to be an instrument of supplying [it for] you.” He elaborated, “If we issue it out, it is like we are saying go ahead.” Mokgothloa also indicated another issue that precluded him from allowing condoms to be

\(^{215}\) Beadle-Holder, “Black Churches Creating Safe Spaces,” 60.
distributed in his church: insurance and legal liabilities for defective condoms. “Tomorrow if you issue a condom and tomorrow a person is infected, they can say you gave it to me, and I went and tested, the thing blew up, now am sick, so you are to blame.” Rhetorics like Mokgothloa’s assist him in creating spaces of liberation concerning sexual practice for those who cannot abstain from sexual intercourse until marriage. Furthermore, the open discussion of condom use in religious spaces is encouraged to reverse the trend of new cases.

2.3.4 African Church, HIV/AIDS & Homosexuality

Against a historical backdrop of racism and patriarchy, PLWHA in Africa are ‘othered’ in five specific areas that beg to be rhetorically addressed by the church: race, religion, gender, xenophobia and homophobia. Through pulpitized rhetorics on HIV/AIDS religious leaders prophetically address ‘othering’ across several markers of difference. For example, through pulpitized rhetorics on HIV/AIDS that address othering by gender, religious leaders have rhetorically challenged gender inequalities that are a driving force behind such acts of oppression. Nevertheless, the churches’ response to the intersection of homosexuality and HIV/AIDS has not been approached in the same way. The first cases of HIV/AIDS being reported among white gay men is arguably the impetus behind much of the homophobia that has informed most of the responses to HIV/AIDS including those of faith communities.216 While women are the visible majorities in the church, homosexuals and non-heterosexuals are typically the invisible minority in the church, thus issues affecting LGBTQ members have gone largely

unnoticed and/or largely ignored in religious circles. Basic cultural values in Africa regard sex and sexuality as sacred; therefore, the three major religions in Africa (African traditional religion, Islam, and Christianity) define same-sex relationships as perversions. Echoing traditional African positions on sexual morals, Kenyan pastor Sarah Wafula said of homosexual sex, “that is sin.” She said, “that [homosexuality] has brought us shame.” Drawing on the biblical narrative of Adam and Eve as the exemplar of biblical relationships, she suggested that scripture does not sanction any other romantic and sexual relationship in society. However, while narrators in this study defined homosexuality as sin, none suggested that they would or ever have discriminated in ministering to a person because of his/her sexual orientation.

Perhaps the invisibility of LGBTQ members in the life of the church is part of a larger response from most African cultures to the issues of homosexuality: it is taboo and rendered invisible. In Africa there are strong moral sentiments that “active homosexuality is morally intolerable... because it frustrates the whole purpose of sexual pleasure and that of human person’s existence in the sight of God and the ancestors”; as such, gay “or lesbian orientations cannot be allowed to surface, let alone be expressed actively.” During my research in Kenya, Uganda, and South Africa, I did not find any religious leader or parishioner who openly identified as LGBTQ. At the heart of rhetorical presentations that addressed homosexuality is the issue and struggle over meaning derived through interpretation of sacred texts that resulted in religious-based stigma by heterosexuals against homosexuals within the church.

In several comments that follow, interviews revealed instances in which LGBTQ members were marginalized, rendered homiletically invisible, and were placed at the periphery

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of African expressions of Pentecostal religious thought. Religiously conservative stances on sex and sexuality in a crisis of AIDS make it difficult for many African churches to address fear of stigmatization for PWLHA. In this study, my narrators did not explicitly articulate a memory of how their religious rhetoric has helped to create liberating spaces around issues of sex and sexuality concerning non-heterosexuals. South African pastor, Vincent Loate’s comments were particularly provocative and worthy of further investigation for our discussion of liberation, homosexuality, and HIV/AIDS in that he said that his sermons do indeed “create space” in the church for persons with same-sex attraction but only in their sense of liberation regarding their equality as benefactors of the love of God, but not in terms of liberation in the sexual practice, i.e., acceptance of sexual practice and recognition of homosexual relationships within the religious community. Revealing a common rhetorical thread that I will fully explore in later chapters, his message to homosexuals and non-heterosexuals is that “God loves you but your behavior, God doesn't like,” is a widespread rhetorical discourse put forth by conservative religious leaders. While not unique to Christian ministers in their approach to ministering to members of LGBTQ community, this statement is problematic in that it often allows churches to navigate around rather than to confront institutional practices and homophobic beliefs through frank in-depth discussions.  

“Choice” is a term charged with meaning within discourses of homosexuality and the church, yet Loate’s use of the word in his rhetoric concerning homosexuality and the church is worth further consideration. He argues, “the church is an associate of choice.” Speaking to one who identifies as homosexual or non-heterosexuals and wished to have full acceptance into the religious community he leads, Loate responded:

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I can come into Emmanuel Christian church, it’s an association of choice, when I come, I embrace the statement of faith which…we clearly state in terms of sexuality we recognize heterosexual relationships of a natural man--somebody who was born a man and somebody who was born a woman--that we will call a marriage, we will not call somebody with a sex change… a woman, we will not.

Loate makes a sharp distinction between homosexual orientation and practice. While other narrators’ conservative rhetorics collapsed orientation and practice into one word-- “sin”--Loate rejects that position. He called the practice sin and the orientation arguably permissible in the church. I quote him at length in making the distinction this way:

If somebody is a homosexual, we would tell them, we don’t mind as long as you don’t practice your homosexuality here in terms of sleeping around and all of that. But if you said, I am a homosexual and you have accepted your condition and you lead a celibate life, I don’t have a problem with that because you are really seeking the face of God; you’re trying to live within the context of the Scriptures. But if you’re going to go out of your way to look for men to sleep with then from the point of the church, we will talk with the individual and make them aware of the position of the church and what the Scripture says, and if they are not willing to change from their behavior, the only way then [to retain membership in the religious community], because we are an association of choice, is to ask them to proceed, maybe get a church or institution that will accept that kind of behavior…We have asked other people to leave due to the fact that they say they
were born like that. I said that is fine, if you’re born like that and insist you’re going to practice it, you came, you found this community, you wanted to be a part of this community…. If you are not willing to be transformed and changed by the word of God… if you don’t want to believe it, because… you say that ‘I am like this, [homosexual]’ then something thing is wrong. We don’t hate you.

Loate does not accept homosexuals in terms of “homosexual behavior,” that is, sexual practice within the life of the church. Nor does he not accept hatred and violence toward homosexuals because of orientation or practice. “We will not, because somebody says, ‘homosexual,’ chase them out of the church,” he said, “that is not church policy, nor is it biblical.” Still, Loate’s rhetoric perpetuates stereotypes of homosexuals as sexually promiscuous, hypersexual, deviant, worthy of surveillance, and placement in peripheral spaces. This raises significant concern because such types of rhetorics used by Loate have helped to create a culture of permissibility of violence directed toward members of the LGBTQ community. Debbie Goh goes so far as to suggest that such rhetoric naturally prompts questioning his motivation and that of other religious leaders like him, in their ministering to PLWHA who are members of the LGBTQ community. Analogously, the use of such rhetorics raises an additional question concerning the rhetorically silencing impact that these rhetorics have on larger conversations about risky sexual behaviors that non-heterosexual engage in as a result of closeted lifestyles, which arguably is an intended or unintended consequence of rhetorics that fiercely condemn non-heterosexual sex.

Loate’s comments further complicate our conceptualization of how the church functions rhetorically as a space where discussions of HIV/AIDS, institutional structures and social forces that exacerbate HIV/AIDS, invariably creating prophetic, liberating, and safe spaces for PLWHA. Even as empowering messages that seek to grant equality for women in African society result in liberating spaces, churches have failed to shine a critical light on their rhetorical practices that refuse to address the ways in which their discourses marginalize and silence the voices and concerns of LGBTQ communities through rhetorical acts of discursive closure. In other words, whether unintended or not, the rhetorical use of silence in the service of privilege functions as a weapon of domination against LGBTQ PLWHA, as their concerns continue to go unheard within religious discourse on HIV/AIDS. Consequently, because of their rhetorical act of disengagement from much needed conversations, religious leaders squander further opportunities to reduce HIV/AIDS infections in Africa. Therefore, LGBTQ members are relegated to closeted lifestyles or physical alienation from the church.

In the present religious climate in Kenya and Uganda, I have found that Pentecostal pastors are not ready for comprehensive conversations on the issues of homosexuality and non-heterosexuals. While remaining firm in their positions on homosexuality, South African narrators were willing to engage differing viewpoints on the issues of same-sex attraction and sexual practices. The rhetorical dilemma facing religious rhetors who address the intersection of race, religion, HIV/AIDS, sexuality and sex is the contested space of religious meaning, definitions, and acts of rhetorical resistance. Said another way, religious leaders of African descent have engaged in rhetorical struggles for social equality based upon their meaning-making of scripture, including the authority of scripture to define the problem and to present the rhetorical methods of

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resistance, i.e., the language, images, lessons, narratives of biblical characters that enlighten messages of liberation and freedom.²²³

The struggle for liberation, empowerment, and the authority of the Bible within religious circles, are necessarily inseparable.²²⁴ Moreover, since the substratum of religious rhetoric is the authoritative religious warrant of scripture as final authority, African religious leaders must be willing to engage in dialogues about HIV/AIDS and homosexuality and non-heterosexuals in a way that may result in a re-reading of scripture that brings about liberation for all people affected with HIV/AIDS across all markers of difference, including sexual orientation. Until then, the churches’ rhetorical silence on the issue may prove to be its most fatal mistake for thousands whose faith and health hangs in the balances of sexual intercourse.

²²⁴ Ibid., 64.
3.0 AFRICAN THEOLOGIES ON HIV/AIDS: A SOUTH AFRICAN CASE STUDY

“…‘Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.”

---Matthew 25:40 (NIV)

For a closer analysis of pastoral communication on HIV/AIDS within the African context, this chapter introduces the pulpitized rhetorics of South African Titus Sithole, Senior pastor of the Charity & Faith Mission (CFM) in Mamelodi, South Africa. I first share a biographical sketch of Titus, his CFM church, and their various HIV/AIDS related ministries, including the Bophelong community center, an AIDS hospice, a private school, and an orphanage. Following that, I present my analysis of Sithole’s pulpitized rhetorics, rhetorical strategies, justifications and warrants used in his HIV/AIDS pastoral communication.

As we will see in this chapter Sithole use of religious rhetorics on HIV/AIDS exhibit the dynamic response of religious rhetorics that fall along a continuum of tensions, dialectical polarities, and rhetorical positions that is common among all my narrators across the Diaspora as their religious theories and standpoints move back and forth. For example, fluid movement between accommodation and resistance, the priestly and prophetic, and universalism and particularism in response to HIV/AIDS, in particular, as it cuts across various social identities
and social issues. Moreover, in this chapter Sithole's responses to HIV/AIDS illustrate the pluralism of rhetorical responses and views of religious narrators, as he demonstrates how the Diasporic church embodies a collective double-consciousness that renders the church's responses to HIV/AIDS as being the most radical and most conservative all at the same time.\(^\text{225}\)

### 3.1 PASTORAL BIOGRAPHICAL SKETCH

Beginning with a congregation of six people in a small room at a local YMCA community center in 1994, and now 18 years later having an over-three-thousand-member congregation and nine additional satellite churches throughout South Africa, pastors Titus and Sibongile Sithole’s impact upon the township of Mamelodi cannot be ignored. As the congregation experienced exponential growth in its early years, Sithole felt the need to find another location to accommodate the ministry, and its growing commitment to helping the poor and underserved in the impoverished township of Mamelodi. In 1998, the Sitholes began a capital campaign and moved to Khutsong Mamelodi, East. From January 1998 through September 1999, CFM held services in a tent during the eighteen-month construction on what was to become the current church building used to house the congregants.\(^\text{226}\) With 1.5 million South Africans living in the township of Mamelodi and with approximately “25 per cent of the


population being HIV positive,” Sithole felt obliged to focus ministry efforts on combating this
disease and its attending issues that were staring down his community.\textsuperscript{227}

Today, in the township of Khutsong Mamelodi, which is part of the city Tshwanee
Metropolitan Municipality, is the sprawling CFM Bophelong Community Center complex, the
latter opening in 2006. Whether in a small room or in a massive church auditorium, the mission
of the church has been consistent, resting upon three important pillars: evangelistic outreach for
the purpose of proselytizing their community; pastoral leadership and development for both
foreign and domestic leaders; and community development that focuses on “Training in Job
Skills, Trauma & Counseling Center, Educational Training, Pastor and Leader Training, AIDS
Hospice, Orphanage.”\textsuperscript{228}

Located on the current ministry property are several community-focused projects,
including CFM Church, which as has been recognized “for its dedication to academic and
spiritual excellence and mentoring and supporting spiritual leaders.”\textsuperscript{229} Also located on the
campus is Charity and Faith AIDS Hospice, which was built in 2003. As one of the largest
hospices in South Africa, Charity and Faith, can provide up to 140 beds for individuals in need
of hospice services and other heath care needs. Having “established” in the early 1990s “a
reputation for reaching the lost and broken” and in ministering to PLWHA with “the utmost level
of dignity and respect,” Charity and Faith Hospice continues to build on the tradition of
providing quality holistic and palliative care for community members. Moreover, Charity and

\textsuperscript{227} “SOS Social Centre in Mamelodi, South Africa” < http://www.aids-children.org/south_africa> accessed 11
February 2012.
\textsuperscript{228} “Charity and Faith-South Africa.”
http://www.northshoremissions.org/contentpages.aspx?parentnavigationid=4211&viewcontentpageguid=65bf0ec8-
6d31-4c55-b1b8-d4f1a31ee3cc accessed 10 February 2012
\textsuperscript{229} “Mamelodi Partners.”
Faith Hospice also provides home-based care for HIV/AIDS and tuberculosis patients through Mamelodi.

With an eye toward providing ministry through education for South Africa’s most vulnerable citizens, the center has grown to house the Charity and Faith private elementary and pre-school. Of considerable importance to this project, also located on the compound, is the Charity and Faith HIV/AIDS testing and counseling center. South Africans who visit the counseling center are able to take advantage of free HIV/AIDS testing, condoms, and counseling services. Taken together, the various components, outreach programs, and ministry facilities situated on CFM and Bophelong Community Center property are part of the ministry’s broader “P.E.A.C.E.” plan: “Plant churches that promote reconciliation, Equip servant leaders, Assist the poor, Care for the sick, Educate the next generation.”

The “PEACE” plan, founded by U.S. mega-church Pastor Rick Warren, is part of a massive campaign to mobilize Christian leaders from around the world to address the “five biggest problems” in the world: “spiritual emptiness, corrupt leadership, poverty, disease, and illiteracy.” Consequently, HIV/AIDS activist Warren and his wife Kay have launched Saddleback Church’s “HIV/AIDS Initiative,” “the HIV/AIDS Caring Community,” and the “Global Summit on AIDS and the Church” annual conference where they challenge the “worldwide church to take on” a plethora of social ills, including HIV/AIDS.

As a New York Times’ bestselling author and U.S. Evangelical mega-church pastor, Warren and his wife, espouse religious rhetorics on HIV/AIDS and human rights that have had a global impact, specifically, as they have focused global attention on the HIV/AIDS

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epidemic in, for example, Rwanda, Uganda and South Africa. Warren, considered by some to be “the most prominent evangelical in the U.S. today,” has been at the center of controversy surrounding allegations of his support of the Ugandan “gay-bill” and his one-time support of California’s proposition 8.

In 2008, Warren, pastor of Saddleback Church in Lake Forest, California, played host to the International AIDS Conference satellite session on the partnership of business, government and the church. The Warrens suggest, as rallying points around which religious leaders across the globe should focus their religious rhetorics: “Spiritual Lostness, Lack of Godly Leaders, Poverty, Disease, and Lack of Education.” I am hard-pressed to ignore the correlation between Warren’s PEACE plan and the respective buildings on CFM’s property. CFM church is the mother church from which nine other churches, and several church leaders have been planted throughout Mamelodi. The hospice is where the care for sick takes place; the orphanage provides assistance to poor children, and the pre-school and elementary school is the space where the next

237 The Ugandan “Anti-Homosexual Bill of 2009 was part of proposed legislation that threatened to hang Ugandans who were found to be homosexual. In 2009, three American evangelical Christians gave a series of talks about the “gay agenda” and its threat to traditional African and Bible values. One month after the conference, the bill was introduced into public policy. Warren was not one of the three Americans Christians who spoke at the conference; however, in 2008 in Uganda, Warren compared homosexuality to pedophilia. Warren has since denounced the Anti-Homosexual Bill as “un-Christian.” Warren has also come under fire by Evangelical Christians after Warren, the one time proponent of California’s proposition 8, later recanted his support of the proposition.
generation is educated. Sithole and CFM have adopted Warren’s “PEACE” plan methodology for addressing social ills in their community and Warren’s Purpose Driven Ministries point to Sithole’s church “as an example to other churches around the world.” The “PEACE” model has arguably proven effective in Sithole’s ministry. 240 In July 2009, upon the completion of my ethnographic fieldwork in South Africa, I was told by Sithole that he would be flying to the U.S. in a few days to receive a national award for his work in the area of HIV/AIDS. In August 2009, Sithole stood before 60,000 pastors and religious leaders from across the world, to receive the Courageous Leadership Award for his holistic HIV/AIDS work in the Pretoria, South Africa area. 241 During my fieldwork in South Africa in 2011, Sithole informed me that the Courageous Leadership Award came with a $60,000 first place prize, of which $20,000 came from World Vision and $40,000.00 from Willow Creek Church in Chicago. 242

In sum, Sithole and CFM characterize the purpose of their ministry as that of which creates and provides a “place of life” for PLWHA in Mamelodi. The word “Bophelong” as used in the name of CFM’s Bophelong Community Centre, in fact, means “the place of life” in the local Sotho language. How Sithole uses religious rhetoric to symbolically transform his church and community center into safe, liberating, progressive, and prophetic spaces of life for PLWHA in Mamelodi is my focus in the next section.

240 “South African Church Tackles HIV/AIDS.” <http://mnnonline.org/article/8507>
241 “Charity and Faith-South Africa.” http://www.northshoremissions.org/contentpages.aspx?parentnavigationid=4211&viewcontentpageguid=65b0ec8-6d31-4c55-b1b8-d4f1a31ee3cc accessed 10 February 2012
242 According to their website, World Vision is a “Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice.” For more on World Vision see, <http://www.worldvision.org/?lpos=top_img_wvLogo>.
3.2 TITUS SITHOLE’S RELIGIOUS RHETORICS ON HIV/AIDS

In 2009 and 2011, I traveled to South Africa and spent a total of twenty-three days conducting oral history interviews and performing ethnographic fieldwork on HIV/AIDS. During no other oral history interview were the words “identify” and “identification” used more by a religious leader to explain her/his rhetorical motivations, justifications, and underpinnings of his/her religious rhetorics on HIV/AIDS than did Sithole. As my analysis of Sithole’s excerpts, sermons and written materials show, I argue that identification is the prime rhetorical strategy that underpins his rhetorics. My presentation of Sithole’s rhetoric takes shape through my ongoing conceptualization of the Black church as space, i.e., safe, prophetic, progressive and liberating spaces.

3.2.1 Sithole, HIV/AIDS and Safe Space

My research presented in the three Diasporic overview chapters consistently pinpoints the impetus for the early engagement of my religious narrators as the result of being personally infected or affected by HIV/AIDS. Sithole’s story of his beginning in HIV/AIDS ministry strengthens the veracity of this observation, while providing insight on the rhetorical methods he uses to construct his church and ministry campus as a safe space for PLWHW in Mamelodi. His HIV/AIDS ministry was started as a result of a life-changing conversation with a concerned woman in his congregation. Sithole said, “one girl in the church hit me hard,” as she took him to task and asked, “pastor, why don’t you talk about HIV/AIDS from the pulpit because some of the members of the church they do come to the [Bophelong] clinic.” This young lady, who was by profession a nurse, daily-confronted HIV/AIDS, witnessing firsthand the impact of the disease
wreaking havoc in the lives of community members in Mamelodi, many of whom were also members of Sithole’s church. As South Africans, both in her community and church, were dying in record numbers, this nurse could not wrap her mind around how Sithole could be the pastor of the church and yet “be quiet about it [HIV].” She then poignantly asked Sithole, “what’s the problem with you, pastor?” Then employing two very important Christian tropes of “salt” and “light” used by Jesus in his rhetorics that speak to the impact, influence, and engagement that the Christian church should have in the world both spiritually and social. She pressed further, “when the Bible talks of us being salt and light, what are you doing about it?” For the first time, Sithole was brought face-to-face with the implications of his religious reticence on HIV/AIDS in his community. Such questions like these from this nurse elicited serious reflection from Sithole, who explained that in this crucial moment, “while I was trying to think about how to answer her, she said “next Sunday give me 10 minutes and I will talk about it to the church and I will educate us.” Consequently, CFM would become more than just a sacred space for followers of Christianity. As Frederick Douglass powerfully argued a century ago in a different context, “Power concedes nothing without a demand. It never did and it never will.” So likewise, this nurse understood that unless Sithole, who occupies several social identity categories of privilege, was pressed about his reticence on HIV, the possibility of her church becoming a safe space for PLWHA would be all but an unrealized fleeting desire.243

The next Sunday, this woman became the trailblazer of HIV/AIDS rhetorics in CFM services and also the catalyst for Sithole’s later rhetorics. Two statements made by this woman, in particular, deeply resonated with Sithole and subsequently shaped the trajectory of his

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interests in HIV/AIDS rhetorics. The first statement: “If you are not [HIV] negative, you’re [HIV] positive. And how do you know if your are negative if you have not been tested to know you’re not negative,” was then quickly followed by a second statement “HIV and AIDS is not their problem it is our problem.” Latent within these two statements are profound rhetorical insights that illuminate strategies that seek to reject ‘us-versus-them’ rhetorical standpoints that place the faith community at odds with PLWHA, and the second strategy seeks to locate common ground between those who are infected with HIV/AIDS and those who are not infected with HIV/AIDS. Where there is division, e.g., ‘us-versus-them’ rhetorics, identification must “be affirmed with earnestness [as the first principle of rhetoric].” That said, this nurse then unpacked her earlier two statements in a way that is useful for our analysis. She said, “As many of us who are in this room, some of you are infected and affected. Very soon you are going to see the diseases. It’s going to come to your family, your children, your uncles, and it’s going to affect everyone.” Rhetorics like this espoused in CFM bring into focus Sithole’s overarching strategy of identification on the basis of common ground that forcefully shapes his rhetorics. That is, we understand that the common ground that all South Africans share is HIV/AIDS.

The nurse’s rhetoric suggests that silence or denial of the issue does not preclude the fact that all South Africans are either infected or affected by the disease. It is this common ground then that becomes “compensatory to division.” As Burke notes, “if men [sic] were not apart from one another, there would be no need for the rhetorician to proclaim their unity,” in our case, the unity of all South Africans. Realizing that his silence stood as evidence of complicity in the growing division between PLWHA and the faith community, Sithole said that he was “moved”

246 Burke, Rhetoric of Motives, 22.
as a result of what this woman shared in a matter of minutes. Agatha Eke et al. maintain that the starting point for engaging the Black communities is to first persuade religious leaders of African descent to join in the struggle.\footnote{Eke, et al. “Organized Religion in the Fight Against HIV/AIDS in the Black Community: The Role of the Black Church” \emph{African Americans and HIV/AIDS: Understanding and Addressing the Epidemic}, ed. Donna McCree, Ann O’leary and Kenneth Jones (New York: Springer, 2010).} Marvin McMickle furthers the claim that the strongest possible and most persuasive arguments and rationales that compel Black religious leaders to join the frontline battle against HIV/AIDS are those arguments that are grounded in scripture.\footnote{Marvin McMickle, \emph{How Black Pastors Can Respond to the HIV/AIDS Pandemic: A Time to Speak} (Cleveland: The Pilgrim Press, 2008).} Case-in-point, seamlessly woven into her line of questioning with Sithole are references to “salt” and “light” found in the gospel of Matthew 5:13-16 that he found compelling enough to move him into action. Afterwards, in speaking of his church and the rhetorical influence that he holds as a religious leader in Mamelodi, Sithole co-signed on the nurse’s claims and told me, “we have what it takes in the community to become the salt and light to help this community.” The change from rhetorical silence to rhetorical utterance concerning HIV occurred when Sithole said, “started with me.” Understanding the inherent rhetorical power of the pulpit and delegated authority bestowed upon him as religious leader and his attending social influence, Sithole recognized that if his church would ever become a safe space to address HIV and the factors that accompany it, lending his voice to the issue is paramount. “It takes a leader to move people,” he noted. “If the heart of the pastor is not moved, I don’t care how many capable people you have in your ministry and organization, if it doesn’t start with the leader, the ministry is going to suffer along the way.” Adding to the rhetorical work first laid down by the nurse, Sithole continued the creation of the necessary first space, that is, a safe space for PLWHA, using two important rhetorical weapons: sermons and rhetorical performances.
For three months following the initial 10-minute conversation with the religious auditors given by the nurse, Sithole “begin to preach on HIV/AIDS.” In an attempt to speak to the complex and multifaceted dimensions of HIV/AIDS, he engaged in serious study concerning the epidemiology and attending issues of the disease. He said, “I read, I studied and preached on it from every angle.” Sithole’s study translated into sermons like “The Good, the Bad and the Ugly of Sex,” “Jesus the Healer,” “Taking Care of Orphans,” and “How to Care for Terminally Ill Patients.”

Chaim Perlman and Lucia Olbrechts-Tyteca advance the claim that epideictic discourse (e.g., the genre of sermons) “increase the intensity of adherence to certain values.” In Sithole’s ministry, sermons are used to predispose his audience to action and his rhetorical performances crystallize identification in their consciousness. Although the sermons were not recorded in his church at that time and Sithole’s sermon notes were subsequently lost as a result of a hard drive failure, he spoke to me at length more about, as he phrased it, “what I did” as part of his rhetorical performances more than, as he likewise phrased it, “what I said,” in sermons. Clearly, then, Sithole places more weight on his performances that were used to “break the stigma” and end the silence, in order to grant visibility to PLWHA, thereby creating important safe spaces. For example, as part of his rhetorical performance in the sermons mentioned above, Sithole invited PLWHA up on the pulpit to “talk about their status and their rejection by their families.” Sithole confessed that prior to these rhetorical performances HIV/AIDS was an abstract concept in Mamelodi. He said, HIV was, “just a disease” of which there was no face to connect with the epidemic. Sithole wanted to present positive images of individuals who were leading healthy,

quality lives while being HIV positive. Such rhetorical acts invariably work to debunk the myth that PLWHA are all “sick,” Sithole added. This rhetorical performance was very important in a sacred space because many South Africans had not publicly seen PLWHA being embraced by a church. The purpose of his performance is thus two-fold: he presented positive images of PLWHA, and he also wanted to show the disease in terms of its impact on one’s health for those who were not infected with HIV. Sithole further explained that he started to bring people who were “sick,” that is, PLWHA, to church, and that “we had them on stretchers so people could see them.” In his sermons, Sithole, employing his chief weapon of rhetorical identification, emphasized to his auditors that PLHWA “are human beings,” and not simply the ‘other.’ Sithole’s rhetorical discourses on the shared humanity and the vulnerability of our humanity to diseases like HIV functions then to invoke a different invitation for identification, that is, one that is rooted in consubstantiation that produces empathy rather than alienation, in turn producing sympathy for ‘the other.’ Sithole emphasis on the consubstantiation of shared humanity again underscores his uses of identification through common ground that bolster his rhetorics.

In another example, while in the presence of PLWHA who were on the stage, on stretchers, and seated throughout the auditorium, Sithole crescendos “Christ has accepted us.” Rather than embracing an ‘us-versus-them’ rhetorical stance of oppositional difference that perpetuates stigmatization of PLWHA, Sithole’s statement can be taken to illustrate his use of identification on three different levels: common ground, antithesis, and transcendence. As South African people who have accepted faith in Christ, regardless of one’s social identity, the shared value of the necessity of salvation illustrates a common ground identification rhetorical
technique, or what Demetrius Williams calls the common ground of the “community table.”  

Williams argues that Jesus’ rhetorics articulated a new social vision that was inclusive of the poor and destitute, the sick and crippled, tax collectors, sinners and prostitutes, i.e., the marginalized and social outcasts of society. However, Jesus’ new social vision included what Williams calls “an open table fellowship” to whomsoever will come, that has implications for our discussion on HIV/AIDS. In his interpretation of Jesus’ ministry to the oppressed and marginal members of society, Williams maintains that Jesus’ rhetorical performances in scripture, e.g., dinner with tax collectors or gathering female disciples, should be read as acts that are implicitly subverting patriarchal social relationship. He argues:

In the table fellowship practiced by Jesus, all people (initially, all of the people of Israel) are welcome regardless of their social status, background, or sex. . . while all the gospel reveal this motif of community meals, this theme is more prominent in Luke’s Gospel. . . Luke. . .the author is working with a well-known practice of the community table that goes back to the ministry of Jesus.  

From Williams’ reading of the ministry of Jesus as recorded in the Gospels, the motif of the community table emerges. Moreover as Black religious leaders embrace Jesus as their representative anecdote, they, too, must espouse Jesus’ new vision of an egalitarian society, evidenced through table fellowship and the subsequent emergence of the community table, that envisions and rhetorically creates “a different future of and different model for human relations on the grounds that all people are created and called by God” to sit together in safe spaces at the

251 Demetrius Williams, An End to This Strife: The Politics of Gender in the African American Church (Minneapolis: Fortress Press, 2004).
252 Ibid., 17.
Transcendence such as a collective “we” is another strategy of identification that “often goes unnoticed as an appeal to identification between parties who may have little in common.” While the shared faith speaks to the common ground strategies used in Sithole’s rhetorics, there still remains a perception of his auditors having very little in common with PLWHA as it cuts across difference in terms of ability, i.e., health status. In South Africa, considerable attention has been given to the social identity category of ability/disability and disability discourses that cut across HIV/AIDS. Specifically, in such discourses HIV/AIDS is seen in many cases as being the cause of one’s disability, i.e., physical disability, blindness, and intellectual impairment, as a result of opportunistic diseases. The other discourse constructs HIV/AIDS as a disability, i.e., one’s low CD+4 cell count that leaves one unable to work due to the extent of one’s disability and therefore makes one eligible for government subsidized grants. In Sithole’s serviced, PLWHA who were on stretchers, some with visible markers of disability, symbolically represent ‘the other,’ and the marginalized, arguably echoes of Christ among the lepers. The social identity label of being disabled creates a rhetorical division between those who fit within the narrowly prescribed ideology of normality that contends that anyone less than fully healthy, i.e., able bodied, is a deviant from the normal. Specifically, within traditional African beliefs discourses of normality resonate deeply with long-held beliefs that explain the presence of diseases being caused by witchcraft, spirits, or other supernatural beings. Within some African communities, PLWHA and other sexually transmitted infections

253 Ibid., 20.
257 For example, see Seth Kalichman and Leickness Simbayi, “Traditional Beliefs about the Cause of AIDS and AIDS-related Stigma in South Africa,” AIDS Care 16. no. 5 (July 2004): 572-580; Robin Horton, “African
visit traditional healers to cure them of the diseases. Others believe that petitioning ancestral spirits can cure AIDS.\textsuperscript{258} It is important to note that such rhetorics carry with them the notion of judgment that places blame on shoulders of those infected with HIV/AIDS. Sithole’s rhetorics, however, contest these latent judgment beliefs and discourses as he preaches that HIV/AIDS is not a judgment from, in his monotheistic view, God or, in African traditional beliefs, divine or spiritual beings acting upon humanity. In my study of Sithole’s rhetorics, I did not find any reference to HIV being a disease from West or an artifact of imperialism. Simply put, Sithole’s rhetorics construct HIV, like others, e.g., cancer, as a disease. Nevertheless, given the widespread influence of traditional healers and the traditional African notions of illness and treatments, the medical community has recommended, with regulations, the inclusion of traditional healers in the national fight against HIV/AIDS.\textsuperscript{259}

With the ideology of normality at the base of social hierarchies of ability steeped in oppositional difference, Sithole’s congregants have been socialized to believe that they have very little in common with PLWHA. Therefore, Sithole’s use of the phrase “Christ has accepted us,” forces the audience to think in terms of the collective through identification rather than as individuals and also invokes the long-standing Christian paradigm of the “community table.” Such a rhetorical strategy also carries enormous potential to function as an enthymeme, that is, Sithole’s audience supplies the deeply held premise of community, i.e., African society.


functioning interdependently as a collective, as opposed to Western ideologies of individualism. In other words, within traditional African cosmology there is no dualism between the sacred and the secular because the sacred permeates every aspect of life. Lastly, Sithole uses identification through antithesis as rhetorical strategy to unify his auditors. Following his point that “Christ has accepted us,” Sithole, poignantly concluded, “Sin is the biggest disease that we all suffer from.” In this statement, he identifies the common enemy, sin, that the church must unite against. Moreover, this statement also links the church together as a collective, which is infected with this disease called sin. Pressed further, Sithole shrewdly achieves common ground through the erasure of oppositional difference in that his rhetorics argue that “all” South Africans suffer from the “biggest disease” of “sin.” Therefore, those who are not infected are no better off than those are infected. This is to say, Sithole’s use of the collective and transcendent use of “we” in claiming we all suffer from “sin” brings into focus the dual nature of a shared characteristic, in this case of sin. On the one hand, the shared characteristic, i.e., sin functioned in judgment rhetorics, as a basis of exclusion of those who were believed to be infected with HIV through immoral behaviors. On the other hand, however, Sithole’s use above, the transcendent, i.e., the shared characteristic of “sin,” functions as a unifying element among marginal members that also motivates resistance.

In another telling example, Sithole’s ministry rhetorically works to grant visibility, voice, and to create a safe space for PLWHA during one service in which Sithole was preaching about

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HIV/AIDS, he shared with me what is perhaps his most memorable rhetorical performance of HIV/AIDS rhetoric. He recalls it happening this way:

I did something where I brought in the nutrition supplement that people who are infected with HIV take. The supplement comes in the form of a powder and you mix it with either milk or water. So that Sunday we tasted the vitamin. I brought it to church and we brought small cups, and I had everybody [in the church] to drink it to identify with PLWHA. That went a long way [in terms of the impact], as we did that.

In this statement, Sithole points us to the rhetorical aim of such a performance being that of egalitarian identification. It seems that such a rhetorical performance is grounded in identification through the motif of the community table; as such a communal drinking together is a common practice in Christian protestant circles performed through the sacrament of Holy Communion. For example, through the symbolic drinking of wine and bread, Christians, the world-over, affirm their unification, and oneness with Christ and with his Body, the church. Analogously, in the drinking together of the vitamin solution, Sithole’s performance redresses the segregation of his congregation through their rhetorical performance of unification through the shared cup. Such rhetorical performances have been effective, by Sithole’s account. Consequently, “the attitudes and the stigmas have been broken,” he said. Therefore, I argue that Sithole’s rhetorics creates a safe space through a strong use of identification strategies on the basis of common ground, antithesis, and transcendence that is subsequently reinforced through communal performances of identification. In addition to creating safe spaces for PLWHA in the
centralized church building, Sithole also uses the rhetorical power of the small group to create decentralized safe spaces throughout the Mamelodi community.

3.2.2 Small Groups

Akin to his fellow ministerial colleagues in the countries of Kenya, Uganda, and South Africa, Sithole’s rhetorical strategies demonstrate an embodied understanding of the rhetorical power of pulpitized spaces as an extension of the physical pulpit in the church. In addition to having “support groups for HIV/AIDS,” he tapped into the rhetorical power of religious small groups to further his seminal rhetorical strategy of identification through sermons and performances. Whereas Sithole’s rhetorical body is the medium used to communicate rhetorics of identification in the church, the body of the rhetorical emissary is central to small group rhetorical efforts. Therefore, the strategy of the rhetorical emissary comes back to foreground of our analysis of small groups, as the homes of South Africans necessarily must first become a pulpitized space. Said another way, the pulpitization of such spaces function as authoritative warrants to support subsequent claims and data presented in the larger rhetorics of identification. Sithole’s rhetorical emissaries first conducted need assessments in their communities by utilizing “door-to-door” and “survey” methods. Once Sithole is better able put his finger on the pulse of the needs in his community through need assessments, his next step, he said, is “sending out the troops.” As emissaries of Sithole’s ministry, the cell group leaders are deputized or commissioned to go into their communities and hold smaller, grass-roots level worship services
and meeting in their homes. Consequently, the bodies of these emissaries become rhetorical tools in that upon been anointed, both literally and symbolically, by Sithole, their bodies are subsequently inscribed with the prevailing discourses of the African preacher, i.e., emissary as messenger, and entrusted one, etc. Thus, they now speak in their homes with a similar moral authority that Sithole speaks with on the CFM pulpit.

Interestingly, the inherent rhetorical power of small groups comes to the center in this discussion when we consider that these rhetorical meetings are commonly referred to by religious communities as “cell groups,” which speak to the first level of rhetorical power used in the service of religious leaders. That is, the Greek New Testament word *ekklesia* is translated “church” in the English Bible. The *ekklesia* is by definition an assembly of individuals who have been “called out” to form a collective body. Rhetorically, then, the church by name and function, occupies a place of positional difference, i.e., called out from the larger society to be, for example, ‘salt’ and ‘light.’ Using metaphors of salt and light then illustrates one example of a rhetorical method used to bring about identification through the regulating and disciplining of the bodies, minds, and actions of religious adherents in aligning themselves with Sithole’s vision for social relations involving those infected and affected by HIV in Mamelodi. Pressed further, in addition to identification achieved through the rhetoric of the ‘church,’ identification is also observed through the rhetoric of cell/small group ministry. In other words, within Christendom, a prevailing metaphor of the universal church being called the “body of Christ” is salient throughout religious rhetorics. Such rhetorics foster identification that is legitimated through

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religious discourses of prescribed social, familial, and religious norms for one who has been ‘called out.’ Furthermore, by deconstructing the ‘body of Christ’ metaphor, we can begin to see how rhetorics of the ‘cell’ groups serve the same rhetorical purpose as the “body of Christ” or “church” rhetorics. Said another way, we understand from an anatomical sense that every human body is made up, amongst other things, of a conglomeration of different cells. Therefore, if the “cells” of the “body of Christ” are strategically located through Mamelodi, for example, it only logically follows that the cell ministries carry the same rhetorical possibility of creating safe spaces for PLWHA through rhetorics of identification that contain prescribed norms that de-stigmatize HIV, render PLWHA and their needs visible, and that create consubstantiality among those infected and affected, much the same way that the “body of Christ” rhetorics does in the services held at CFM. For example, in his training manual given to his congregants and religious leaders across South Africa, Sithole employs the metaphor of salt and light as a rhetorical strategy of identification to be used on broader scale:

I dream of the Church leading the way in the fight against HIV/AIDS and finding a cure. I dream of the Church becoming the Acts Church, where our homes will be opened for the sick, widows, and orphans. . .. If we can unleash all the Church members to be salt and light, the world will be different from what it is today. . .. Charity, lets get involved in the fight against HIV/AIDS. We cannot sit back, pray, and do nothing. The world is waiting for the manifestation of the sons and daughters of God. Let us use
what we have to serve the people, your houses, talents, and resources to contribute to the fight against HIV/AIDS (emphasis mine).266

Once again, metaphors of “salt and light” and familial metaphors, i.e., “son and daughter of God,” function as means to a rhetorical end of identification within Sithole’s larger purpose and social vision for CFM. Therefore, the inherent rhetoric of identification is laid bare for our examination when one becomes a member of CFM church and/or when one internalizes the rhetoric of “the church.” Either way, by aligning oneself with the church and/or internalizing the rhetoric of the church, the HIV/AIDS mission of the church becomes a means of creating consubstantionality. Such identifications are central to Sithole’s rhetorics:

It is important because as church, when we have new people who come to the church and do not know where we have come from, and they see us doing it [HIV rhetorics and performances], they will flow with us. Identification is important because it just sends the signal and reminds the people who we are, so we don’t want to keep that out of our sight.

In other words, Sithole’s rhetorics guide and regularize the actions of his members in the church and influence the actions of his community members through their participation in small groups and simultaneously indoctrination or as he put it “casting vision.” He went on, “but also to keep casting vision to our members that this is what we are about. We are not ashamed. We do things

that will align us to our vision to reach people where they are.” Therefore, being a member of the church, i.e., identification with the vision, congregants are expected to engage in the work of creating a safe space for PLWHA throughout the community, which is consistent with the church’s mission. Thus, for example, identification is achieved among parishioners during the World AIDS Day door-to-door campaign held each December 1st, when all 3000 members of the church are expected to “knock on doors to do HIV/AIDS awareness and to train people on how to bath and care for people who are terminal.”

In seeking to create safe spaces, Sithole’s “sending of the troops” and commencing of the “road show” begins as he calls it by sending religious emissaries out “to go to malls, churches, schools.” Sithole’s later discussion of the types of ministry that his “troops” provided to PLWHA illuminated another rhetorical strategy that I also observed across the Diaspora that is known in the study of pastoral care as the “ministry of presence.” Sithole said his emissaries were sent out into the community not so much with a vast knowledge of what and how to say something, but more so importantly of being trained on what to do. Therefore, to this writer, in Sithole’s rhetorical framework the doing, i.e., religious performances, of the gospel, is far more important than the saying, i.e., religious utterances, of the gospel. Understanding adequately, the ministry of presence, salient in Sithole’s statement of the troops “went to the homes [of PLWHA] to bathe and to feed” them strengthens my claim that religious rhetorical bodies of individuals at certain times are more effective that any religious discourse that could ever be spoken. The importance

of the ministry of presence in Sithole ministry cannot be overstated; for example, his HIV/AIDS training ministry manual for “salt and light,” i.e., pastors and church leaders, emphatically states that “every believer needs to know how to bathe and care for terminally ill persons. . . [:] go to their neighbors and friends and help them with their medication. . . Buy immune boosters and food to distribute to those who are infected free of charge [sic].”268 The ministry of presence, then, is significant in analyzing the rhetorical strategies of religious leaders who have joined in the struggle against HIV/AIDS, as McMickle notes, “there are times and circumstances in life when nothing can be done to alter or change what has happened.” To my point, he adds, “there are not words that can be spoken and there are no steps that can be taken that can reverse or undo the course of event that is already underway.”269 Perhaps the clearest example of advocacy for the ministry of presence found in Sithole’s ministry is noticed in chapter two of his HIV/AIDS training manual under the heading “People with HIV need our PRESENCE or COMPANY.” Drawing on the biblical example of what he believes to be the ministry of presence demonstrated in the narrative of Job and that, which serves as a justification for the approach being used in his HIV/AIDS rhetorics, Sithole writes:

When Job in the bible lost everything---his family and his health---his
Friends stayed with him for seven years without saying a word and that helped Job go through it. For example, in Katima Mulilo, people got into the habit of visiting patients in the hospitals even if they did not know them.270

269 McMickle, A Time to Speak, 92.
In these particular cases the mere presence of a rhetorical religious body becomes the most important persuasive weapon that can be used in creating safe spaces for PLWHA, as the religious body caring for PLWHA contests earlier religious constructions of us-versus-them, in favor of ‘we’ rhetorics that promote identification through common ground. Identification strategies, like Sithole’s, are salient in informal and formal communication, e.g., sermons, songs, and rhetorical performances. For example, in the small groups, August 2011 was an important month for HIV/AIDS rhetorics. Through the rhetorical performance and ritual of fasting, Sithole said, the emissaries facilitated acts of identification in Mamelodi’s small group ministries. “August is a month of fasting and praying, and we are identifying with people who are HIV positive through our dietary choices.” He explains, “We don’t eat stuff that we normally eat.” Thus, Sithole shared the supplement drink with his audience in the church, so, too, did the rhetorical emissaries share “it with the small groups of the church.” The emissaries, “brought small cups and they all drank together.” From these excerpts, we can firmly conclude that Sithole’s sermons, rhetorics, and performances both in the CFM’s “mother church” and in small groups strategically placed throughout the community are greatly informed by rhetorics that seek to achieve identification common ground, identification of through antithesis, and identification through transcendence. Nevertheless, as my analysis further show, Sithole’s rhetorics of identification through common ground are problematic in that his heavy-handed use of such rhetorics has come at the expense of HIV/AIDS rhetorics that speak to difference at the intersection of oppressed social identities.
3.2.3 Sithole, HIV/AIDS and Prophetic Spaces

C. Eric Lincoln and Lawrence Mamiya suggest that prophetic churches address the historical and contextual issues of the day. For example, in speaking back to socioeconomic inequality, disempowerment of marginalized groups, racism, sexism, and for people living with HIV/AIDS, churches across the Diaspora are rhetorically creating prophetic spaces that challenge the very structural conditions in which HIV/AIDS thrive. Nevertheless, during my fieldwork in South Africa and in my interview with Sithole, very little was said in terms of how he is speaking back to social ills, structures and forces that perpetuate inequalities that then thereby increase vulnerabilities for HIV infections for South Africans. However, in what was becoming more obvious to me as I spent more time with him was that more so that not, his religious responses are ensconced in CFM’s collective rhetorical performances creating prophetic spaces that challenge, disrupt, and implicitly subvert various social barriers, structures, and social forces more so than his spoken words, in most cases. Case-in-point, lack of education, poverty, and gender inequalities are some structures that exacerbate the disproportionate rates of HIV cases amongst people of color. However, religious leaders have often been guilty of, as Rev. Dr. Martin Luther King Jr., correctly critiqued, focusing on other-worldly matters, i.e., heaven, at the expense of addressing this-worldly matters, i.e. problems on earth. In a poignant critique King said:

271 Lincoln and Mamiya, The Black Church, 12.
Any religion that professed to be concerned with the souls of men (sic) and is not concerned with the slums that damn them, the economic conditions that cripple them is a spiritually moribund religion in need of new blood.\textsuperscript{273}

Therefore, religious theory, i.e., religious rhetorics, that fail to translate into collective social action or this-worldly plans that stop short of bringing about any real social change. Sithole’s prophetic rhetorics are then best understood in light of the social action in his ministry that seek to “reduce the risk” of HIV infections for Mamelodi’s most vulnerable. Sithole speaks back to lack of education, he said, through the “adult school where we try to educate those who have dropped out of school.” Clearly concerned with how one’s socio-economic status, i.e., structural barriers, intersect with the day-to-day decisions and poor behavioral choices that lead to HIV infections, Sithole’s prophetic performances seeks to implicitly subvert the oppressive social structures by creating education programs that assist South Africans in obtaining “their high school diplomas,” and in helping those “who cannot read or write. . . to get a job.” Additionally, Sithole creates prophetic spaces for South African vulnerable populations and PLWHA through the creation of secretarial training courses that equip “people with administrative skills” and interviewing skills. In an instructive statement, Sithole bluntly stated that his prophetic performances are designed to “empower people to be self-sufficient.” In short, Sithole creates prophetic spaces for PLWHA and Mamelodi’s vulnerable populations as he translates his religious rhetorics into social action that then challenges structural oppression through the

\textsuperscript{273} See Martin Luther King Jr’s address, “Some Things We Must Do,” given 5 December 1957 on the second anniversary of the Montgomery bus boycott; King, \textit{Strength to Love} (Cleveland: Fortress Press, 2010), 131-132.
A rhetorical act of empowerment that re-constitutes South Africans as subjects created in the image of God who are endowed with agency.

My interview with Sithole did not reveal that any of his prophetic rhetorics were directed toward the South African government explicitly. In fact, Sithole indicated that the South African government has tapped him to train religious leaders across various traditions on how to “get involved in HIV/AIDS ministry.” Because he is considered to be at the vanguard of HIV/AIDS work in religious circles in South Africa, Sithole said he has been awarded “a government contract to train religious groups on HIV/AIDS education,” and to effectively partner with “government and NGOs.” Nevertheless, one could plausibly argue that Sithole’s rhetorical performances that foster prophetic spaces for PLWHA could be seen as being an implicit indictment against the South African government, on the one hand, or against the damaging and enduring effects of colonialism and post-colonialism, on the other. Undoubtedly, however, as the following excerpts show that one is hard-pressed to deny the relationship between Sithole’s prophetic and priestly rhetorics directed toward some Western White protestant churches and the attending ideology of white supremacy.

Since the beginning of Sithole’s ministry, he has always welcomed “partnership” from churches in the West, i.e., white Protestant churches. While currently there is only one U.S. church that “funds the orphanage,” there is, however, no outside financial support given toward any of CFM’s HIV/AIDS efforts. Still, we can begin to see underlying structural issues that Sithole’s prophetic rhetoric takes up. As mentioned earlier, Sithole prefers “partnership” from outside churches that includes mutually beneficial cross-pollination of ministry paradigms, models, and strategies. However, I argue that there is rhetorically much more than meets the eye in Sithole’s strategic use of the word “partnership.” My examination of the rhetorical context of
Sithole’s statement revealed that he rhetorically seeks to undermine the “darkness” metaphor that shrouds the African continent. That is, rhetorical constructions of the “darkness” metaphor, first advanced by Europeans, dehumanized and objectified Africans as “dark,” “barbarous,” and “uncivilized,” thereby legitimating the enslavement and cruel treatment of African subjects.\(^{274}\) The demystification of such “darkness” discourses reveals an ideology of white supremacy, with the impetus of saving “blacks from themselves and their inhumanity.”\(^{275}\) Given, as Cecil Blake characterizes, the “dastardly rhetorical onslaught on the nature of and character of Africa and Africans, by the West,” Sithole’s comments concerning one U.S. ministry’s efforts to ‘help’ him in his HIV/AIDS work takes on additional meaning:

> I had one church that I worked with that wanted to pump in five million dollars, but then they wanted me to change the church’s name and they wanted to be shareholders. They wanted me to make five crazy changes. I told them to keep your money.

To help us understand adequately how this fits into our discussion of prophetic spaces, and partnership, Sithole said conversations, attitudes, and some Western churches offering “help” to his South African church in their HIV/AIDS outreaches is rooted in ideologies of superiority. “It’s the way they say and do things. Coming from apartheid, it really takes me back.” Said another way, while Sithole believes that these churches are “genuine and sincere,” they also demonstrate what he calls “a typical colonizers’ mindset.” Even though Sithole confirmed that there were several “things” that he wanted to do to expand his HIV/AIDS ministry, he refuses to

\(^{275}\) Ibid., 9.
“sell his vision” and he would not allow for such Western churches to “colonize” his ministry. In another telling example, he said that a few other “white churches” called his ministry to “impose their help.” Help, he qualifies, “that we have not asked for.” Again, these excerpts assist in recognizing how the issues or race plays into his prophetic rhetorics on HIV/AIDS. That is, Sithole does not believe that in every case Westerners are genuinely interested in helping PLWHA but rather some are interested in offering financial assistance “just to appease their conscience that we are doing things for black people.” His response to the supremacist ideology that underpins such rhetorics: “I don’t want to be a part of that.” When those racially superior attitudes are displayed or made salient through ideological critiques, Sithole unleashes his prophetic rhetorics against hierarchies and histories that support those current practices rooted in white supremacy.\(^{276}\) He describes his response like this: “When they showed certain behaviors and words, I had to take them on, and not even racism but superiority.” Sithole minces no words as he clearly indicates who and what he is “taking on” with his prophetic rhetorics: “It was not just racism, but the Western mindset of just being in control,” i.e., the mission to “come to solve, South African, Mamelodi’s problem.” The myth of paternalism and the historical narratives and justifications of European evangelization that supported colonialism are arguably very much present in neo-colonial European evangelization discourses of ‘supporting’ South African churches like Sithole’s, that, for example, must be contested.\(^{277}\)

I think this is a good place to pause to address the myth of paternalism that is resistant to change and informs the attitudes and actions of many Western churches in their attempts to support African churches. Blake offers a critically important insight into the nature and rhetorical


\(^{277}\) Ibid., 12.
function of this myth as part of the maintenance of white supremacy in African countries. Blake describes this myth he sees as “resistant to change”:

Africans have to be told what to do all the time: they have no value system or core principles of their own worthy of preservation and celebration, or for the serving as the basis for their own governance and overall social comportment. According to that myth, no “character” seems to be discernable among Africans, that is worthy of respect or consideration. 278

Interestingly enough, even in his prophetic rhetorics directed toward Western exploitation and commodification of South African vulnerabilities, Sithole said he would allow Western churches to come and “partner” with his ministry on one condition, that is, identification with South Africans:

I had to say we will accept your gift if you come and identify with the people, see where the people live, and the conditions we live in. . . . If you are going to come and work with them, people need to be loved and accepted. We want you to stay in town and come and help the people, of which, you don’t have a clue of the people…[,] stay one or two nights, while you are helping. Eat what they eat, feel what they feel, let me be the one to work out the project, and I can tell you where I need the expertise.

278 Ibid., 91.
In line with my earlier analysis, identification emerges at the heart of Sithole’s religious rhetoric on HIV/AIDS much like the concept of “table community” illustrated in the ministry of Jesus, Sithole’s representative anecdote. Therefore, Sithole employs identification through a literal and symbolic table community as a prerequisite for partnership from Western churches in the battle against HIV/AIDS.

Sithole’s prophetic rhetorics that address Western white supremacy carry on the back of them a word of salvation, or, that is, incorporate priestly rhetorics that affirm his South African identity in a way that invariably has important implications for our discussion on HIV/AIDS. Sithole’s priestly rhetorics encourage South Africans’ love of self and strengthens their self-determination in terms of their ability to lead the fight against HIV/AIDS in their country without the paternalistic, governance rhetorics and the exploitative neo-colonial financial support of some U.S. Western churches. In an effort to maintain some semblance of “African character” that Blake holds, “has been denigrated and demeaned through its history of oppression and even in post-colonial era,” Sithole’s priestly rhetorics embrace a restorative dimension of African identity rooted in one’s sense of pride. To the White churches, Sithole says, “I am going to start those things [expansion of current HIV/AIDS ministry] and you can come and join me and partner with me. I don’t want you to do it for me.” What is worth more to him than money from White donors is Sithole’s pride of self. “I live here,” he said, “I appreciate your resources and partnership, but I don’t want you to take away from me the pride.” He then uses this sense of pride as entry point into communicating priestly rhetorics of hope that speak to his fellow South Africans’ sense of self-determination. Rejecting the myths of paternalism and the need for outside governance, Sithole believes that his rejection of outside imperialistic-like funding shatters the larger metaphor of darkness in that, he believes, “that God has raised our church and
center to be a model in Africa that black people can do it.” His explanation speak succinctly to the aforementioned Western structural and social forces that have plagued African sense of self-governance:

when you see a work of this magnitude [you would be conditioned to believe or] you would know [i.e., have been conditioned to believe] that it’s the white people coming to help Black people or it’s the government or the Red Cross. [However] It’s very rare to find a work of this magnitude [that is built by Africans], and this kind of model brings hope to the town and to the villages and to Africa that we can do it ourselves . . . we have what it takes in the community to be the salt and light and to help our community.

From this excerpt, it is abundantly clear that in creating prophetic spaces for PLWHA, through contesting ideologies of white supremacy, Sithole simultaneously creates spaces that affirm South African identities and grants agency to South Africans as subjects with self-determination. However, as my analysis shows in the next section, Sithole’s prophetic rhetorics overlook equally important structural inequalities and power dynamics that render, in particular, women vulnerable to HIV infections.

3.2.4 Sithole, HIV/AIDS, Progressive and Liberating Spaces

Sithole’s HIV/AIDS religious rhetorics incorporate a strong discussion on South African children and their vulnerabilities to HIV/AIDS. These rhetorics were observed through his
written works and his rhetorical performances. For example, in his training manual, is noted the gospel of Mark 9:3 which reads, “Any one, who welcomes a little child like this on my behalf, welcomes me, and any one who welcomes me, welcomes my father,” which serves as Sithole’s point of entry into religious rhetorics about affected and infected South African children. In other words, Mark 9:3 is used as his justification for his rhetorics that take up the cause of “the more than 20 million orphans in the world, most of them living in Africa,” he claims. Under subheadings such as “Children affected need a family [sic]” and “Where to Start Getting Involved With HIV/AIDS: Orphans and Child Headed Homes,” Sithole challenges South Africans to help orphaned children by “providing parental guidance,” “adoption,” and “being a foster parent” to children who lost their “parents or guardians,” and sometimes “their childhood, as well.”

In his typical rhetorical approach, Sithole aims to locate identification between his readers and auditors’ children’s needs and the needs of children affected and infected by HIV/AIDS. He offers this advice: “When you buy your kids clothes, include someone. When you buy groceries, you should include child headed families. You should bring orphans to your house one weekend to give them a different environment and also to experience a family life.” In this excerpt, Sithole attempts to flatten the oppositional posturing of ‘my children’ versus ‘those children’ and the walls of alienation they create by using pathetic appeals to the basic needs of love, food, and clothing within a rhetoric of common ground, this is to say, those basic needs are something that all children need. Moreover, his justification for entering into such conversations, also serves as a religious enthymeme, of which, the missing premise supplied by his Bible-centric audience, promises to compel them into action. His premise is, that his audience wants to welcome Jesus and His Father; therefore, they will then in turn welcome [read identify with] infected and affected children in our community.


To strengthen his rhetorics of identification, Sithole and his wife were “leading the campaign,” through their adoption of a child who was orphaned by the loss of both her parents. I maintain that Sithole’s adoption is also another example of a rhetorical performance of identification best understood through the lens of a religious enthymeme. Sithole’s choice of words “leading the campaign” suggests that he expects for his audience to follow his performance and adopt children affected and infected by HIV/AIDS. However, what is less clear to those outside of the faith community is the rhetorical justification upon which Sithole’s performance is based. Those who do indeed follow Sithole’s lead are not doing so simply because he is a gregarious individual. The rhetorical strategy of the religious enthymeme supports his claim to be followed in acts of adoption. As the religious leader of his church, a tacit premise held in Sithole’s church and others like it, is that parishioners follower Sithole, while Sithole follows Christ. The biblical rationale for such an inference is found in the book of 1 Corinthians 11:1, where Paul wrote to the Corinthian church, “Be ye followers of me, even as I also am of Christ.” Therefore, in looking back at Sithole performance of “leading the campaign,” the religiously grounded enthymeme becomes transparent in that in following Sithole’s performance of adopting a child, Sithole’s audience is thus following Christ. The audience then provides that missing premise and helps to create the meaning of the message found in their collective identity as Christians, that is, followers of Christ.

While Sithole’s goes to great lengths to speak to the vulnerabilities of children, his rhetorics used to empower and create liberating spaces for women are problematic and are absent on some key issues. In my interview with Sithole, he expressed that his rhetorics have only “in a small way” been put to use to empower women because he said, “the government is doing much of that.” Sithole maintains that the “new administration” has undertaken major efforts to
empower woman that as a result “has really lifted women and put them in their rightful place.” Sithole clarifies, “secularly, the women are brought to their rightful place, but traditionally, we do have some cultures that would still be oppressive.” The oppression, he claims, however “is minimal.” Nevertheless, my analysis of “the rightful” place to which women have been “lifted” in Sithole’s community revealed that this oppression is far from minimal. However, much of Sithole’s rhetorics aimed to empower women were framed within a larger discourse of women’s rights, yet they are limited to a single aspect of women’s rights: protection from physical abuse. To address this problem, Sithole infuses the sacred with the secular through addressing such important issues within the most rhetorically sacred space in his church, i.e., the pulpit. “From the pulpit we bring in police officers and [law enforcement] officials to talk about domestic violence and what [women are] to do.” As we examine Sithole’s statement “what to do,” we can see an attempt to constitute women as subjects with agency through acts of self-determination in terms of protecting their bodies. In such rhetorical moments, women were encouraged to file for “court interdicts” in which they would be given legal protection “from someone who is threatening you and your house.” Such injunctions are examples of rhetorics of empowerment that Sithole and law enforcement shared with his congregants, in particularly, South African women.

Moreover, as mentioned in my earlier discussion, the religious meaning inscribed on the pulpit functions rhetorically to persuasively craft the message and to communicate the gravity of the message. Additionally, this performance illustrates, as described in the preceding chapter, a coalition rhetoric that legitimizes the epistemologies of both the sacred, by virtue of the conversation being held on a pulpit, and the secular, through law enforcement being welcomed in the religious space. I argue that the use of coalition performances and rhetorics turned on their
heads discourses and acts of disengagement from religious leaders to the attending vulnerabilities of physical abuse that affect women. Case-in-point, in his conservative religious rhetorics, Sithole advocates for the use of condoms only within the context of heterosexual marriage. “From the pulpit,” Sithole’s rhetorics can be viewed as empowering and liberating to women as he challenges patriarchy and infidelity within marriages that often result in marital rape. For example, in the following excerpt Sithole addresses the problem of infidelity through the veiled phrase of “going out,” which is another way of saying men who are having sex outside of marriage are thereby increasing the risk for HIV infections in their wives and other women. He said, “We may have a husband who is not Christian and is going out and forcing his wife [to have sex] with out using a condom.” Sithole’s rhetorics empower women and implicitly subvert patriarchy as he preaches to the women, “put your foot down. You have your children. You have your future. If he does not take the test, then sorry!” We should take Sithole’s use of the word “sorry” to mean that a wife should abstain from having sex with her husband until he has been tested for HIV.

Sithole made no apologies about such impassioned rhetorics that are given, he re-emphasized, “on the pulpit,” thus underscoring the rhetorical power of the pulpit in presenting and legitimating his persuasive arguments. Sithole’s rhetorics, however, too, illustrate an interesting dialectical tension between resistance and accommodation that is pervasive in Black religious churches, according to Lincoln and Mamiya. In other words, while excerpts of Sithole’s rhetorics above demonstrate rhetorical acts of resistance toward patriarchy, the following excerpts illustrate rhetorical accommodation, as Sithole rhetorics likewise perpetuate discourses that reinforce the ideology of patriarchy.

280 Lincoln and Mamiya, The Black Church, 14.
Even as the pulpit is the most rhetorically sacred space in the church that can function as a warrant, enthymeme, or rhetorical justification at any given moment, my studies across the Diaspora revealed that the use of scripture remains the most important justification, argument, warrant, and strategy used in religious rhetorics from HIV/AIDS. Ironically, Sithole’s HIV/AIDS rhetorics that he argues, “empower women” analogously wields scripture to reinforce patriarchal ideologies and interpretations of scripture that seek to discipline women’s bodies through prescribed dress-code rhetorics of “modesty.” Sithole’s statement concerning his use of scripture as a strategy to address the intersection of HIV/AIDS as it cuts across gender, sex, and health status is telling. He said, “from the scripture, we just talk about modesty and things that people [women] should not do so as to invite problems.” Although a short statement, it is nonetheless loaded with meaning. Sithole’s rhetorics are arguably reinforcing the ideology of patriarchy, in that, patriarchy is built on the premise that men have the right to control women’s bodies.²⁸¹ Given the context of his earlier statements concerning domestic abuse, Sithole’s ideology of patriarchy is endorsed by scripture in two important ways: Firstly, Sithole’s rhetoric seeks to desexualize women. This is to say, Sithole’s rhetoric seeks to discipline women’s body through discourse of “modesty,” which has a historical usage in churches as that of a god-term used by men and a devil term in the ears of women, unless hegemonic “modesty” discourses were internalized by women.²⁸² Nevertheless, Sithole’s rhetoric seeks to control the sexuality and bodies of women through his use of rhetorics that advocate for women’s socially conservative attire. Secondly, Sithole’s rhetorics blame the victims for the violent acts perpetrated against them because they ‘invited the problem’ due to their lack of modesty, so the argument goes. All in all, Sithole’s rhetorics indict women as being the culprits of their own violations. At no time in

my interview, did Sithole’s prophetic rhetoric indict, subvert, and/or challenge patriarchy and the inequalities against women that its structure seeks to maintain. Although he provided no specific scriptural references, Sithole did, by own admission, say that “from the scriptures” he addresses “modesty,” to the women in his church so that they can then in turn not “invite things” on themselves, thereby placing blame on women for acts of rape and other acts of sexual violence against them, which invariably works to reinforce patriarchy.

Looking more closely at Sithole’s rhetorics that center on condom use, another tension between resistance and accommodation surfaced through his rhetorical posturing of the church being both a conservative and progressive space. As mentioned above, Sithole was clear to indicate to me that, in the church, specifically, “on the pulpit,” he does unashamedly advocate condom use but within a marital context. Sithole expressed trepidation about the fragility of communication and interpretation as it relates to his rhetorics on condom use.

Some people are going to hear what they want to hear. So when I speak about [condoms] in the church, I have to be very careful because we are preaching abstinence. . .in church there is no sex [for the unmarried]. Even though I know some who still do it. . .[.] when I sit down the message is loud and clear. . .[; sex is] for those who are married. Diplomatic is how I am going to say that. That is a kind of no-go area, in terms of condomize.

From this excerpt, I conclude that Sithole’s rhetorics on condom use and sexual intercourse being reserved for those who are married, speaks to the accomodationist pole of the tension. Said another way, Sithole rhetorically transforms the church into a safe, empowering, and liberating
space to varying degrees, but nonetheless a conservative space, as it relates to his traditionally conservative positions on sex. The rhetorical tension between the accommodationist aspect of his rhetorics and the rhetorical dimensions of resistance in his ministry became more acute as I left the church and walked 40 feet away into the church’s HIV/AIDS counseling and testing center. In the counseling center, one does indeed locate a very progressive space as it relates to the church’s position on sex. Sithole himself acknowledged the rhetorical tension that is embodied in these two distinct spaces and buildings housed on the same campus. Whereas the church is a conservative space that represents the accommodation pole, the counseling center is a progressive space that represents the resistance side of the pole. In the counseling center, any person regardless of sex, gender, sexual orientation, health status or any other identity category/marker is able to receive free condoms, no questions asked. The justification for this move, Sithole said, is that the counseling center is “a ministry dedicated to HIV/AIDS.” However, “the church” he told me, “is a little bit different.” The rhetorical tension evidenced through communication, space, and the architectural design of the campus became more pronounced as I left the counseling center on one hot and sunny South African afternoon. It was then that I experienced a moment of clarity and realized that all the while Sithole was standing on the pulpit in the church 40 feet away preaching conservative religious rhetorics on sex, just behind the church the counseling center stood silently casting a symbolic shadow of resistance that overshadowed his conservative rhetorics.
During my interview Sithole shared that he has never ministered to any infected or affected members of the LGBTQ community. The reason that there has been no ministry given to members of this community should not be misunderstood to mean imply that there are no LGBTQ members in South Africa rather, Sithole acknowledged that the “gays who are here. .belong to other associations, outside” the township. Sithole, then, in no uncertain terms, explained why he has not ministered to any infected or affected LGBTQ members. “They won’t come forward,” he said. Much like my findings in the Caribbean overview chapter, Sithole’s comment problematizes our concentric circle model of sacred space. This is to say that his comments help us to understand that the concentric circle model of safe, prophetic, progressive and liberating space within the larger sacred space often is not an open and welcoming space for non-heterosexuals. Recent reports claim that lesbian and gay South African are the victims of horrendous hate crimes even though the country has legalized same sex marriage. Sithole argues that the “big cities” are more tolerant of LGBTQ communities, but in , for example, the townships, where he ministers, “It would be unthinkable to have them [LGBTQ community] do something like protest and advertise themselves in the township because it’s Africa.” Sithole’s rationale for the invisibility of non-heterosexuals in his township is based upon a larger competing discourse of “Africa,” or what is means to be authentic African. Within Eurocentric discourses, Africa is the “dark continent,” and in competing discourses, for example, Sithole’s

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definition of ‘authentic’ African identity is exclusively heterosexual. Said another way, this ideology of authentic African masculinity purports that homosexuality was introduced to Africa as part of European colonization and attendant modernization, and it is thereby something to be resisted. Nevertheless, one is hard-pressed to deny that homophobia, heterosexism, and heteronormativity are woven into discourses of “African” sexuality and identity that perpetuate violence against members of the LGBTQ community.

This leads to me to conclude that in Sithole’s church and others like it, the safe, liberating, prophetic and progressive spaces in which HIV/AIDS is addressed is reserved primarily for those who identify with a specific sexual orientation. To this point, he added, “at this church, it’s male and female. Lesbian and homosexuality, there is no fit [here].” For non-heterosexuals, there is the possibility of one to fit into his churches but only if one practices celibacy and/or if one internalizes bifurcation rhetorics, i.e., love the sinner and hate the sin and their socio-religious permissible sexual practices, i.e., heterosexual sexual practices within marital relationships. It is also important to note that Sithole’s rhetorics of sexuality uphold the stand of celibacy for all single persons in the church regardless of gender, sex, and sexual orientation. Given that in his Mamelodi community, LGBTQ members are said to “know what” Sithole’s Ministry “stand for already,” it is abundantly clear then why he has not ministered to PLWHA who identify as LGBTQ. What is even clearer in scholarship is the relationship between persons who identify as LGBTQ who are forced to live closeted lifestyles, which

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thereby increase risky sexual behaviors, leading to HIV infections.\textsuperscript{285} Therefore, based upon his rhetorical silence, I conclude that, Sithole’s ministry is arguably complicit in the homophobia and violence directed toward non-heterosexuals in Mamelodi. Although non-heterosexuals are human beings just as Sithole and other heterosexual are, this one area of rhetorics on HIV/AIDS where his primary rhetorical strategy does not seek to find common ground based upon a shared humanity. In other words, Sithole rhetorical elides addressing the dialectical pole of particularism of non-heterosexual orientations at the intersection of HIV/AIDS, sex, and gender precisely because he refuses to first acknowledge the universalism pole that speaks to a necessary shared humanity that logically must be acknowledged before one can speak to the implications of the particularism pole. Therefore, indeed, Sithole’s rhetoric is a tacit construction of heteronomativity. As I observed, Sithole then overlooks the common ground of a shared humanity in favor of rhetorics of oppositional difference based upon social hierarchies of who and what is “African” that subsequently alienates, dehumanizes, objectifies and invariably factors into the violence against non-heterosexuals.

My interrogation of Sithole’s rhetoric that renders invisible the vulnerabilities of persons who identify as non-heterosexuals, helps to crystallize a deep tension between resistance and accommodation woven in Sithole’s rhetorics particularly as it relates to women who identify as non-heterosexual, given his earlier claims of how he uses religious rhetorics to empower women. Case-in-point, as noted above, Sithole’s rhetorics seek both to subvert (resistance) and reinforce (accommodation) patriarchy at the same time. The accommodation is seen as it relates to men, and, in particular, women who identify as non-heterosexual when Sithole engages in rhetorical act of silence as it relates to the intersection of HIV/AIDS, sexual orientation, gender, and sex. In

respect to women, in South Africa and other African countries there has emerged a deeply disturbing practice of the “corrective rape” of lesbians. This myth behind this practice is that a lesbian’s sexual orientation can be ‘corrected’ to heterosexuality if a lesbian engages in heterosexual sex by consent or by rape. The tension in Sithole’s ministry is found when, on the one hand, he seeks to empower women through his rhetorics to stand up to patriarchal physical abuse (resistance) and on the other hand, through his rhetorical silence (accommodation) on the act of corrective rape, found at the axis of gender, sex, and sexual orientation. In other words, through his rhetorical silence on the issues, Sithole helps to maintain the status quo of patriarchal heterosexism that is the bedrock for the justification of the raping of women, which exacerbates the vulnerabilities of women to HIV infections. Moreover, as a rhetorical move to control a woman’s body and through rhetorics that desexualize a woman’s body coupled with his rhetorical silence concerning the objectification of a woman’s body through rape, Sithole’s rhetorics that cut across gender, sexual orientation and HIV, in respect to women, place him largely on the side of the accommodation pole of the tension. Unfortunately, I did not observe any rhetorical presentation of women beyond that of victims of, both physically and sexual, abuse in Sithole’s discourses, which is a very narrow definition of women in South Africa.

Sithole’s utilization of rhetorics of oppositional difference, i.e., non-African vs. “African” female bodies, further legitimates the raping of the other. In the chapters that follow, I show that even as religious leaders, like Sithole, seek to negotiate the dialectical tension of universalism and particularism of humanity as it cuts across HIV/AIDS, in most cases their rhetorics encompass to varying degrees both aspects of common ground and difference. However, with such a negotiation the social identity categories of sexual orientation and gender identity

problematize the concentric circle model of the Black church as a sacred space for HIV/AIDS rhetorics. As we will see shortly, the Black church across the Diaspora continues to be a safe place with plenty of seats at the community table reserved for heterosexual PLWHA, but as far as non-heterosexuals, the Black church has not been a safe space and there remains to be a shortage of seats at the community table for non-heterosexuals who engage in non-heterosexual sex.
4.0 THE CARIBBEAN

*How are they to hear without a preacher?*
---Romans 10:14

In this chapter, I examine pulpitized rhetoric on HIV/AIDS studied within the Caribbean, in particular, Jamaica and Nassau Bahamas. To begin this study and to contextualize my Caribbean narrators’ rhetorics, I first present a brief background information of the most relevant protestant Christian traditions in these locations. Then I present a discussion of, Caribbean theologies and cultural hermeneutics, where I highlight several key interpretative practices, standpoints, and strategies that inform and shape my Caribbean religious narrators’ discourses on HIV/AIDS.

The remainder of this chapter, Caribbean Theologies on HIV/AIDS, is devoted to identifying key rhetorical strands of thought that are salient in Caribbean oral history interviews and ethnographic participant observation. Conceptualizations of Caribbean churches functioning as safe, prophetic and liberating spaces are used as frameworks in which key themes, for example, sexual ethics, historical reticence of Caribbean churches, homophobia and human sexuality are discussed. This chapter includes the voices of these Caribbean clergy members: Ross Davis, Bishop, Golden Gate World Outreach; Deanza Cunningham, senior pastor, Christ Community Church; Mario Moxey, senior pastor, Bahamas Harvest Church; Dr. William
Thompson, senior pastor, Faith United Baptist; Rev. Al Miller, senior pastor, Fellowship Tabernacle; and Christopher Morgan, senior pastor, Go for God Family Church.

4.1 HIV/AIDS AND THE CARIBBEAN CHURCH

Outside of sub-Saharan African, the Caribbean has been affected by HIV/AIDS more than any other region as it has “the second highest level of adult HIV prevalence” (1.0% [0.9-1.1%]). Within Caribbean countries, the Bahamas stands out as it has a 3% adult HIV prevalence, followed by Haiti at 2.2% and the next highest country being that of Jamaica at 1.6%. HIV/AIDS cases were first reported in the Caribbean islands of Haiti, Trinidad and Tobago, and Jamaica in the 1980s among members of the homosexual community. Since the ‘80s, however, heterosexual contact has become the primary mode of HIV transmission, as it accounts for more than three-quarters of all cases.

While the religious landscape of the Caribbean is made up of clusters of Hindus, Jews, Muslims and African derived religions including Vodun, Santeria, and Rastafarianism, most people in the Caribbean identify themselves with various brands of protestant Christianity. Within the Caribbean, religiosity is central in the lives of people and has a significant impact on the strong social conservatism found in the Islands. According to the World Health

290 Ibid., S12.
Organization, religiosity and conservative religious ideology within the Caribbean has further exacerbated and perpetuated HIV incidents primarily because of legal and religious taboos surrounding sexuality, that is, “repression of same sex preference, low appreciation of condom use, and prohibition of commercial sex workers.” Said another way, conservative religious discourses in the Caribbean have characterized sex outside of a married heterosexual couple as “sin.” Even as religion and religious practices are pervasive in the Caribbean, little attention has been given to rhetorical responses of religious leaders to HIV/AIDS within the region. For the sake of brevity, I focus our attention on the responses of Christian churches to HIV/AIDS on the islands of Jamaica and the Bahamas, two islands that have been greatly impacted by the disease: -- more so than most other Caribbean islands.

4.1.1 Jamaica

HIV cases were first reported in Jamaica in 1982. Currently, 27,000 individuals in Jamaica are infected with the disease, with men and women between the ages of 20-44 accounting for 65 percent of all reported cases. The first cases of AIDS were reported among members of the gay community, yet heterosexual contact remains the primary mode of HIV/AIDS transmission, as the number suggests. Given the first reported AIDS cases were

294 Inciardi, Syvertsen, and Surrat, S9.
discovered among members of Jamaica’s gay community, discourses emerged that closely linked the presence of the disease with homosexuality.\textsuperscript{295} HIV/AIDS related stigma was thus grounded in the long-held, pervasive homophobic beliefs already present within Jamaican culture. Considered the “worst offender” of intense homophobia, Jamaica, according to some, is said to be “the most homophobic place on earth.”\textsuperscript{296} The perceived relationship between HIV/AIDS and homosexuality and the attending stigma continue to be a driving force that fuels the spread of the epidemic.\textsuperscript{297} Specifically within Jamaican culture, homophobia has been codified through sodomy laws that criminalize same-sex-intercourse and legitimatized through pop culture—i.e., homophobic reggae/dancehall music that glorifies violence toward members of the gay and lesbian community:—politics, education, health service agencies, and, most relevant to my current focus, religious institutions.\textsuperscript{298}

Very little research has been given to early religious responses to HIV/AIDS in Jamaica, and there remains little documentation of it.\textsuperscript{299} Yet, it is well documented how religious ideology and rhetoric played a significant part in creating religious-based stigma, homophobia, and shame surrounding HIV/AIDS through moral discourse on homosexuality as being that of sin.\textsuperscript{300} Consequently, these discourses simultaneously served as commentaries on HIV/AIDS within the

\begin{itemize}
\item \textsuperscript{297} For example, see Jamaican Ministry of Health, \textit{Jamaica HIV/AIDS/STI National Strategic Plan 2002-2006} (January 2002), 10.
\item \textsuperscript{299} For example, see Mordea Dinnall, “The Knowledge and Attitude of Christian Ministers of Religion in Kingston and St. Andres Jamaica Concerning HIV/AIDS Infection and AIDS” (MA Thesis, University of West Indies, Mona, 1992); Sirrano Anothny Kitson, “The Role Of Pastors in Care of Persons with HIV/AIDS in Jamaica” (MA Thesis, Columbia Theological Seminary, 2002).
\end{itemize}
Jamaican context. As such, Christian religious leaders addressing HIV/AIDS were often heard the loudest spreading “an unforgiving gospel... promising sinners suffering in the afterlife,” as a result of their sinful lifestyles that brought about the divine judgment of HIV/AIDS. Other religious leaders referred to homosexual-sex as the “unholy position.” In no uncertain terms did the early religious rhetoric of Rev. Peter Gathas, and others of the same ilk, make clear the perceived connection of some between homosexuality and HIV/AIDS, when he was quoted as describing homosexuality as “a sickness like AIDS.” Further perpetuating a culture of shame, denial, and silence surrounding the disease, many faith-based institutions were criticized for their refusal to perform Christian burial services for people suspected of dying due to AIDS-related complications.

Recent research reflects that there remains a deep tension embedded in religious rhetorics concerning sex, sexuality, and HIV/AIDS as these rhetorics, on the one hand, often silence further discussion on HIV/AIDS on the grounds of moral authority. On the other hand, other scholars have begun to document the emphasis that Jamaican religious leaders are placing on education, interpersonal communication, small group interactions, and religious rituals (e.g., prayers for healing and health for PLWHA), which open up the possibility for further discussions of HIV/AIDS, stigma, discrimination, and homophobia. Religious rhetoric from Jamaican religious leaders of African descent continues to focus on behavioral changes that are in line with

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302 “Are We Really Homophobic?” The Star (Jamaica), May 12, 2003, 9.
303 White and Carr, 352.
305 While performing field work in Jamaica, I visited United Theological College of the West Indies, where a certificate program in Theology, Human Sexuality and HIV and AIDS was being offered. Such programs focus on providing pastoral care and counseling for religious leaders and congregation members on HIV/AIDS with emphasis upon Biblical Studies, Theology and Pastoral Studies. Some courses included: Gender, HIV and AIDS, Women, Religion, Liberation and HIV/AIDS, and Critical Reading of the Gospels and HIV and AIDS.
their biblical standpoints, values, and beliefs. With help from religious leaders who are addressing the issue from the pulpit and other pulpitized spaces, Jamaica stabilized the HIV/AIDS prevalence rates to 1.7%. There has yet to be research conducted that examines the rhetorical justifications, warrants, and strategies used by Jamaican religious leaders who are addressing the issue. This chapter is a first step in filling such gaps in scholarship. All of my Jamaican narrators identify as either being that of Baptist, non-denominational or charismatic/Pentecostal Christian orientations, who regularly address HIV/AIDS in the churches and communities.

4.1.2 Nassau Bahamas

In the 1980s, the Islands of the Bahamas experienced three epidemics that subsequently shaped their ministry of health and social development agenda for the twenty-first century. The early 1980s, specifically, 1980-1981 gave rise to the crack-cocaine community-wide epidemic, followed by the genital ulcer epidemic from 1982 to 1983, and the most recent epidemic of HIV/AIDS beginning in 1983, when the first AIDS cases was reported there. Unlike other countries/cities under consideration in this study, the Bahamas from the outset identified HIV/AIDS as a heterosexual epidemic. Consequently, and as my oral histories show, Bahamian religious leaders were not quick to associate HIV/AIDS with homosexuality, as was

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307 It is also important to note that Nancy Maturi also mentions that Rasta, Hindu, Jews and Bahai account for 9 percent of the population on the island. The Rastasfarian community has also responding to the HIV/AIDS epidemic in the Jamaica through offering support, prayers, shelter and faith healing for PLWHA.

the case in Jamaica and in the African countries of this study. Even though Bahamians as a group are deeply religious, their country was the first Caribbean island to decriminalize homosexuality.\textsuperscript{309} Responses to HIV/AIDS in the Bahamas have always been “characterized as more than a health care issue,” thus a coalition and partnership between various sectors, organizations, and government was formed to address this new problem that affected all of Bahamian society. Included in this coalition was the faith-based community.\textsuperscript{310} Just as with other Caribbean islands, religion plays a very central role in Bahamian culture. The major religion of the Bahamas is Christianity, which includes Catholics who make up 13 percent of the population.\textsuperscript{311} Within the Bahamas several Protestant Christian organizations and denominational churches fill the streets, including Baptist, Pentecostals, evangelical Protestants and Church of God, among others.\textsuperscript{312}

Very little research has been conducted and documented on religious responses to HIV/AIDS in the Bahamas apart from the interfaith approach encompassing diverse faith-based organizations and religious leaders who helped to establish the Samaritan Ministry, which arguably was the first recognized religious/faith-based response to the epidemic. In 1989, the Samaritan Ministry was established by the former Catholic Bishop of the Bahamas, Most Rev. Archbishop Lawrence A. Burke, who desired to create a faith-based organization that would serve as an interfaith center to train religious leaders how to minister to people infected and affected by HIV/AIDS. In 2005, the Samaritan Ministry reported that over (300) three hundred

\begin{footnotes}
\item[310] Ibid., 28.
\end{footnotes}
volunteers had been trained in HIV/AIDS ministry. During my visit to Nassau, I conducted ethnographic fieldwork at the All-Saints Camp. Established in 1990, the All-Saints camps provided housing, food, and medical assistance to PLWHA. While visiting the camp, I observed religious leaders ministering to PLWHA through prayer and in assisting facilities maintenance. On a weekly basis, religious leaders and churches come to the camp to hold worship services, offer prayer and spiritual counseling for people living at the camp.

According to the March 2007 Evaluation of The Bahamas HIV/AIDS Programme final report, religious leaders continued to respond to HIV/AIDS, as they themselves were “empowered through education for the reduction of stigma and discrimination.” Moreover, the study also specifically identified the need “to accelerate HIV/AIDS prevention in...structured, sustained outreach to the smaller Evangelical, Pentecostal, and Independent Churches.” The National HIV/AIDS Centre, Ministry of Health and Social Development 2010 country report named faith-based organizations and religious leaders as a “coordinating authority” and “major players” in the delivery and support services aspects of the nation’s plan in addressing HIV/AIDS. Furthermore, the study indicated that the HIV/AIDS centre worked closely with religious leaders and Faith-Based Organization (FBOs) as advocacy efforts increased pains to address education, prevention, awareness, epidemiology, and in the reduction of stigma and HIV/AIDS-related discrimination. The presence of religious leaders lifting their voices and wielding their influence in the battle against HIV/AIDS is undeniable. However, I

314 For more information on the All-Saints Camp, see http://allsaintscampbahamas.org
316 Ibid., 56.
318 Ibid., 62, 63.
have yet to come across any scholarship that focuses specifically on the rhetoric employed by religious leaders in reducing the number of HIV infections in the Bahamas. Perhaps my research will begin a much-needed conversation that examines the intersection of race, religious rhetoric and HIV/AIDS in pulpitized rhetoric from Bahamian leaders.

4.2 CARIBBEAN LIBERATION AND CULTURAL HERMENEUTICS

Among the many rhetorics circulating around the epidemic in the region, Caribbean theology is the major one, as I explain below. This discussion on Caribbean theological and hermeneutical stances is not intended to be comprehensive and exhaustive, but rather it highlights the various approaches taken toward the subject of theology from a Caribbean perspective that arguably have shaped the theological orientations of the interviews that follow. Very few books exist on Caribbean theology; nevertheless, this should not be taken to suggest that very little consideration and contemplation of theological materials by Caribbean theologians accounts for the dearth of literature on the topic. George Mulrain suggests that it is in the oral tradition where Caribbean theology is found in abundance, as opposed to publications or sacred places of worship. This is to say that Caribbean theology is shrouded in prayers, songs, and sermons within the evanescent oral culture.\footnote{George Mulrain, “The Caribbean,” in \textit{An Introduction to Third World Theologies}, ed. John Parratt (New York: Cambridge University Press, 2004)164.} Caribbean theologian, Kortight Davis, explains the relationship between the oral tradition and Caribbean theologizing as such:

The real theologizing among Caribbean people is done orally, narratively and informally... the real theological workshops in the Caribbean are the homes, the
fields, and the street corners, rather than the seminaries or the churches. In other words, while written theology struggles, oral theology flourishes.\textsuperscript{320}

As Davis’ claims held true, my interrogation of my narrators’ oral histories yielded an insightful look into Caribbean theology latent in religious rhetoric and sermonic traditions.

Caribbean Theology rests upon the claim the “theology” is not a universal understanding of God apart from a hermeneutical consideration of the geographical, historical, socio-political, and economical realities that shaped the realities of the biblical writer and the same realities that affect the interpretation and reception of the writings by the biblical reader. This is to say theology is a fluid, dynamic process in which one’s understanding of God is considered in relation to oneself as a human being, “as well as the understanding of ourselves in relation to God and others.”\textsuperscript{321} Said another way, Caribbean theology is a stance in which people in the region begin to search for God while at the same time searching for themselves in attempts to address identity problems created through the local institution of slavery.\textsuperscript{322} It is a theological stance of resistance to the long-standing theological discourses of Western Europeans that served to legitimate and undergird the unjust and inhumane institution of slavery, as well as colonialism and subsequent post-colonialism.

Understanding God in context of the Caribbean experience constituted a new point of departure as theology in the Caribbean “exhibited an unwillingness of oppressed people to live without their history and an insistence that their reflections about their God and themselves be within the context of ‘historical thinking.’” Caribbean theologians sought then to move the Caribbean from the margins to the center of the biblical analysis and interpretation of scripture,

\textsuperscript{320} Kortight Davis, \textit{Emanicaption Still Comin’} (New York: Orbis Books, 1990), 93, 94.
\textsuperscript{321} Mulrain, “The Caribbean,” 163-85, qt. 163.
\textsuperscript{322} Davis, 1.
arriving at similar conclusions as that of, for example, Black Theologian James Cone, i.e., God is on the side of the oppressed, that is, Caribbean people. Hence in most Caribbean spaces, the struggle for the right of local people’s freedom, identity, self-determination, and self-valuation first began with using the Bible as a cultural weapon that was interpreted their own experience and voice as a way to speak back to oppression and marginalization.323

Of the small number of theological writings published in the Caribbean since the 1970s and ‘80s, only a few seminal ones had significant impact in shaping the modern Caribbean theological mind, and have implications in current discussions of HIV/AIDS.324 Influential writers and works such as Noel Erskine’s *Decolonizing Theology* and Kortright Davis’s *Emancipation Still Comin’* gave rise to important themes of liberation, emancipation, self-affirmation, education, hope, and women’s issues which took center stage in Caribbean theology. As such, Caribbean theology became concerned with politics, economics, and social justice.325

Whereas Caribbean theologies have largely been the work of male theologians, cultural hermeneutics (i.e., analyses and interpretation of how culture conditioned the understanding of the male writer’s reality at a particular time and location) have been employed by Caribbean women who critique Caribbean culture and theologies that reinforce patriarchy.326 Mulrain notes that more theological reflection and insights are needed from Caribbean women.327 Arguing too from biblical authority for the full humanity of Caribbean persons, Gay and Lesbian theologies

325 Mulrain, 166-179.
327 Mulrain, 178.
are starting to surface within Caribbean theologies through oral tradition, as well. Even as Womanist and Feminist Caribbean theologies critique patriarchy, Gay and Lesbian theologies, although less accepted, are critiquing “the homophobic, heterosexist and sexist dimensions” of Caribbean theologies and culture.328

Several of my narrators identified Caribbean theology as informing their particular theological stances, as it is concerned with the economic, cultural, socio-political, education, and gendered realities that inform the current Caribbean as it relates to the HIV/AIDS epidemic. Other narrators did not specifically identify Caribbean theology as an influential factor in shaping their theological orientations and subsequent pulpitized rhetoric. Nevertheless, there is a Caribbean theological consciousness that is present in their religious rhetorics in various iterations including feminist, Womanist, and Gay and Lesbian theologies.

4.3 CARRIBEAN PULPITIZED THEOLOGIES ON HIV/AIDS

Turning our attention now to selected key excerpts from my Caribbean narrators, I begin with their comments on issues surrounding institutional silence from the Caribbean church on the issue of HIV/AIDS followed by a discussion of key rhetorical strategies that I observed being used in their rhetorics. To contextualize their comments, the overall discussion is presented within the framework of safe, prophetic, and liberating spaces.

Analogous to early responses to HIV/AIDS heard from my African narrators presented in Chapter 1, Caribbean pastors, too, were very slow and reluctant to address the presence of HIV/AIDS. Arguably this primary response of silence from religious leaders was plausibly informed by a larger Caribbean cultural silence on issues of sex and sexuality.\footnote{Kamala Kempado, “Dying For Sex: HIV/AIDS and Other Dangers” in \textit{Sex, Power & Taboo}, ed. Dorthy Roberts, Rhoda Reddock, Dianne Douglas, and Sandra Reid (Miami: Ian Randle, 2009), 7.} Bahamian leader Ross Davis, Bishop of the Golden Gate World Outreach Ministries in Nassau, Bahamas, and leader of the Bahamas Network of New Apostolic Churches (BNNAC) agreed that from the early presence of the diseases, Caribbean pastors, in general, and Bahamian ones in particular, were “afraid to address” the disease.\footnote{Bishop Ross Davis interviewed by Christopher A. House, June 29, 2010, digital recording in possession of interviewer.} One then would be surprised to hear Davis, the social religion preacher whose ministries include a soup kitchen, a clothing bank, and counseling services to help the poor, indigent, and marginalized of the community, confess that the disease is “still taboo” and has “never been accepted” in the Bahamas. However, Davis, whose BNNAC network of churches spans the Bahamas, the US, Africa, Singapore, Malaysia, Haiti, and India, is clear to point out that the historical silence in Nassau has been centered on conversations about HIV/AIDS and not about sex, broadly speaking. His explanation was instructive as it contained moral undertones and qualified further what types of conversations about sex, are accepted in the church. “In the church setting it is not expected that you sleep around… human sexuality is expected but with a partner… a married partner,” he explained. Davis then helps us to understand the scope of the historical and rhetorical silence of religious leaders that functions, in Foucauldian thought, as a repressive discourse for non-heterosexual and non/extramarital sexual practices.\footnote{Michel Foucault, \textit{The History of Sexuality, Volume 1: An Introduction}, trans. Robert Hurley (New York: Vintage Books, 1978): 3-49; Horace Griffin, “Toward A True Black Liberation Theology: Affirming Homoeroticism, Black}
Fellow Bahamian pastor Mario Moxy of the Bahamas Harvest Church explained that much of the silence about HIV/AIDS from Bahamian pastors is owed to ignorance about the presence of this new disease. Consequently, he “didn’t know how to approach it, we didn’t know to what extent to go,” he said. Moxy characterized the rhetorical stance of religious silence as being that of a “stand-off” approach. There was not “even so much as a support group for people” infected or affected by the disease; nevertheless, the irony of this rhetorical position is that no religious leader would address HIV/AIDS, but there was also “no family in the Bahamas that was untouched” by the presence of the disease. Moreover as churches in the Bahamas remained silent, Bahamian people infected and affected with HIV/AIDS continued to suffer in silence as their only option. As Moxy put it, they had to “deal with it by themselves.”

While, on the one hand, expressing that HIV/AIDS in Jamaica is a matter that religious leaders “played a major role” second only to public promotion, “because… it’s a reality of the modern world and certainly of Jamaica and in the Caribbean,” Reverend Al Miller, pastor of Fellowship Tabernacle in Kingston, Jamaica, on the other hand, lamented that the issues have not been addressed enough in Jamaican churches. “It’s growing in the Caribbean,” he said “so it’s certainly something we have had to wrestle with. I don’t know that the church has taken it on to the degree that may be necessary in terms of what needs to be done.” While interviewing him in the Office of the Prime Minister, Miller, considered one of the most influential evangelical leaders in Jamaica, stated that the position of the church toward addressing the issues of HIV continues to be largely that of silence. Oral Roberts University seminarian and second-generation

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Jamaican clergyman Christopher Morgan stated that the epidemic was not “very prevalent” while he was growing up in his father’s ministry, although his father ministered during the 80s and 90s.\(^{334}\) The silence has been broken from time to time and what was heard from churches were messages about HIV/AIDS that relegated the disease to the realm of “evil” and “wickedness.” The reason being, Miller postulates, is that “perhaps the majority of the church still has a mental connection that they associate it with homosexuality.”

Miller’s point, however, reflects Jamaica’s deeper homophobic cultural attitude. His statement aids us in understanding the relationship between homosexuality, silence, and HIV/AIDS that is present in public consciousness. Although informed on the epidemiological front, the wider Jamaican church community continues to remain silent about the disease. What followed was a very telling statement that speaks to the heart of the rhetorical stance of denial and silence observed in both counties. Speaking in such a tongue-and-cheek manner that seemed to critique that stance, Miller said of the church, “and we’re ‘against homosexuality,’ so that cannot be an issue for us.” Regarding the Caribbean religious leaders who continue to assume the rhetorical stance of denial and secrecy, Miller commented, “they don’t see it as a major problem.”\(^{335}\)

Conversely, narrators interviewed in this study viewed HIV/AIDS as a major issue to be addressed by religious leaders, who for various reasons felt called to such a rhetorical task. For Bahamian pastor Dr. Thompson, it was after he took a trip to Zimbabwe in 1990 that he began to address the issue of HIV/AIDS. Visiting “fellow humans who were suffering with HIV/AIDS,” he said, challenged him to “take a deeper look” and to understand matters of human dignity that

\(^{334}\) Reverend Christopher Morgan interview by Christopher A. House, June 21, 2011, digital recording in possession of interview.

must be addressed when addressing HIV/AIDS. The complex, multifaceted and sensitive issues that surround HIV/AIDS forced preachers like Thompson to engage in theological reflection that seeks to find answer to such questions as, “does God save persons with AIDS?” Questions like this and others beg responses from religious leaders who are believed to be spokespersons for God when it relates to matter of life, death, the divine, and the afterlife. Thompson then retorted, “God is not sitting up like some vulture to zap people who make a mistake.”

HIV/AIDS, then, has no exemption from such religious inquiry in the mind of fellow minister Deanza Cunningham, as the reality of HIV/AIDS in the Bahamas became more and more of an everyday reality. Religious leaders could no longer ignore its presence and devastation in that “the church is the largest constituency in the Bahamas,” Cunningham said.337 The attending issues of poverty, sexism, heterosexism, and lack of education, for example, are part of the gospel message that speaks to matters of salvation. Thus, he said, it is the “churches’ job to proclaim the whole gospel,” that is, a gospel that confronts HIV/AIDS. As religious rhetors held the theological position that HIV/AIDS is a matter of gospel business, the pulpit became the primary medium used to do so.

While the pulpit is indeed the primary medium for preaching, it was not the only medium through which Caribbean leaders spoke about HIV/AIDS. Seminars, workshops, and special topics classes played host to religious rhetorical presentations, as they were thus infused rhetorically with the same moral authority as the very physical space of the pulpit--they were pulpitized. This is clearly seen in the ministry of Miller, who beyond the pulpit has also

336 Dr. William Thompson, interviewed by Christopher A. House, June 29, 2010, digital recording in possession of interviewer.
addressed the issue on national platforms, including radio and television programs. However, it was in the discussions of the sermons of my Caribbean narrators that insightful areas of knowledge in terms of salient rhetorical strategies were identified. After all, as Moxy speculated, it was through the sermonic presentation that religious leaders first encountered the rhetorical challenge to create “an entire culture of acceptance” through which they could address PLWHA “in a real, compassionate space.” The pulpit then was the first safe space to address the issue from religious leaders.

4.3.1 Caribbean Churches: Safe Spaces

When religious leaders both in Jamaica and the Bahamas first began to address the issue of HIV/AIDS, many took a strong position against earlier rhetorics that defined HIV/AIDS as ‘God’s judgment’ on homosexuals, in particular, and on “sinners,” i.e., individuals who engaged in religiously proscribed sexual practices. With great trepidation, Cunningham suggested that for one to preach that HIV/AIDS is a judgment from God is logically flawed as such generalized rhetorics fail to account for people who have “contracted HIV through blood transfusions.” Moreover, Cunningham suggests that if persons infected with HIV/AIDS are guilty of committing a sin, then as Christian doctrines teaches, “no one can cast judgment on them because we, too, have sinned in one way or another.” He said, “which one of us has the right to pick up a stone and throw it at anyone one.” Thus, my Caribbean narrators introduced me to the rhetorical act of identificational (re)naming of the HIV/AIDS virus. Kenneth Burke said of the function of this rhetorical act:
For the rhetorican uses titles (either imaginal or ideological) to identify a person or a cause with whatever kinds of things will, in his judgment, call forth the desired responses. He will select such “title” in accordance with the bias of his intention and the opinions of his audience.  

Thus, when Cunningham (re)titles HIV/AIDS as a “virus” rather than a “sin,” he creates a new paradigm of understanding, speaking and responding to the disease; thereby, fostering a rhetorical moment in which PLWHA can embracing a shared substance of being one with other Caribbeans in particular and all humanity in general who too are vulnerable to infections and diseases. Consequently, such moments of rhetorical identification empower PLWHA to resist dominant religious discourses that explain their infections through judgment narratives that engender alienation. Nevertheless, Cunningham is sure to explain that his rhetorical acts of identification still hold that the act of sexual intercourse outside of marriage is still considered “sin” in Christian teaching, but the subsequent HIV infection is simply a virus transmitted through intercourse rather than a sin or as an act of retributive judgment for sin. I will speak to this rhetorical strategy of religious bifurcation in greater detail later. Morgan’s rhetoric does not single out any particular disease as a judgment from God, rather he argues “sin and the result of death in every form” came as a “judgment from God”; however, calling upon priestly/pastoral rhetorics, he further declares that “there has been a new judgment pronounced over humankind and that is Life eternal.” Morgan assists us in understand a theological train of thought that argues that through the substitutionary death of Jesus, eternal life has now been promised to all who come to faith in the redeeming work of Christ.

338 Burke, *Rhetoric of Motives*, 86.
Reverend Thompson pointed out that early rhetorics of judgment were racially motivated and rooted in a historical misinterpretations of scripture that were used to support white racists’ supremacist ideologies and black inferiority. He poignantly recollected that it was first “white ministers who said HIV was a judgment on blacks.” Arguably, Thompson’s comments reflect a chaining out of deeper historical Eurocentric narratives and interpretations of scripture that were used to perpetuate black subjugation from a biblical standpoint. In an act of resistance, these narrators spoke about the disease on a weekly basis through uses of counter narratives that reaffirmed the covenant relationship that a benevolent God has with his Bahamian “children” as “God does not plan disaster for his children, but He does allow it.” Such conceptualizations of a God who plans good not evil for those who are in “covenant relationship” with him speaks to a dialectical between universalism and particularism in respect to how God relates to certain groups of people. In other words, from a Christian perspective the divine is said to be the Supreme being over all humankind (universalism), Thompson’s comments however propose that for God’s “children” or those who are in “covenant relationship” (particularism) which should be taken to indicate those who are born-again, or have come to faith in Christ, that God only plans “good “ and “evil,” for example, HIV/AIDS. However, such rhetorics beg the question for those who have not come to faith in Christ and who are HIV positive, should there infection be understood as an “evil” that God is responsible for?

Within the rhetorical community of the church, Thompson, like all my narrators, tapped into the rhetorical power of the enthymeme to substantiate their claims. For example, with the authority of scripture functioning as the explicit premise for their audiences, religious leaders in the Caribbean supported their claim by drawing on the lives of biblical characters who have

suffered great misfortunes not because of their sinful deeds, but rather because of their common humanity. Thompson’s sermons, for example, highlighted the familiar biblical narrative of suffering in the life of “the righteous” Job as his point of departure and, speaking enthymematically, he then followed by saying that “some Christians have AIDS” (emphasis mine). The audience then would be rhetorically positioned to supply the missing premise that, like Job, HIV infections are not the result of sinful behaviors. Bahamian pastor Ross Davis, goes so far as not even to preach “HIV/AIDS as a separate thing.” His sermons address “disabilities” and “faults” rather than “sins” through this act of identificational renaming of the disease and not a judgment from God. Moral judgment is removed from any one specific action, person, or sexual orientation, as he concluded, speaking of human beings, “we’re all in the same boat, not because your homosexual, double-partners, or multi-partners, you got it [HIV/AIDS] because of your lifestyle.” Moxy minced no words as he preached, “I don’t see AIDS as a judgment from God any more than cancer or common cold is a judgment from God.” As his fellow clergymen had done, Moxy, engages in the rhetorical strategy of identificational (re)naming as he then defined HIV/AIDS as a “result of human frailty.” HIV/AIDS was not the result of sin, but rather “people have made poor decisions.” Although problematic, he explained by analogy that HIV/AIDS is a result of poor decisions akin to one who stands in the rain and then catches a cold. If a result of poor choices, then he rhetorically asks “how can we say that is a judgment from God?” He later defined it as an act of “self-affliction.” In the selected key excerpts the rhetorical strategy of identificational renaming is clearly seen in that pastors seek to bring about a rhetorical shift in social understanding and public discourse concerning the religious explanations of the presence of HIV/AIDS. HIV/AIDS is seen a part and parcel of the human
condition in that as human being we are vulnerable to infections of various types, e.g., HIV/AIDS.

I further contend that identificational (re)naming functions within the genre of priestly/pastoral rhetorics as it seeks to remove the stigma of HIV/AIDS as judgment from sin and to replace it with a rhetoric that seeks to affirm the humanity of all people in the sight of God:-- a rhetoric that places no human being at odds with God and hence punished by Divine wrath and judgment. Several ministers in my interviews spoke of their desire to meet PLWHA at “the human level.” In addition to their sermons, pastoral/priestly rhetorics that affirm the humanity of PLWHA were evident in the rhetorical performance of the sermon through the use of narratives inscribed on the preacher’s body, which deem it a vessel of God. This was the story of William Thompson when a young woman who had contracted HIV/AIDS was in the audience as he delivered his weekly sermon. He rhetorically responded by helping to create a safe space to address the issue of HIV/AIDS. Thompson “came out the pulpit and hugged her”… and “folks in the church” did not want to shake his hand because they felt he was contaminated.” Nevertheless, as if he understood the rhetorical power of narratives inscribed on religious bodies, Thompson decided that the best way to handle this situation was not with words but with “personal touch.” He confessed, however “at first I was uneasy with it,” but he then let his “calling overshadow his personal feelings.” This type of ministry, Thompson said, cannot be done to “dehumanize or bastardize” PLWHA. Thus for the preacher to physically touch a person infected with HIV could easily be read anthropomorphically as the hand of God extended to PLWHA, rather than the hand of God being withdrawn in judgment from PLWHA, as early rhetorics implied. The religious leader who wishes to address HIV/AIDS must, as Thompson said, “be able to walk out of church with both sides walking together.” In other words, the
preacher’s rhetorical task is to locate common ground between PLWHA and those who are not infected to reduce religious based stigma, discrimination, and alienation. Ostensibly, Thompson was successful at locating common ground in our shared humanity. Case-in-point, after his sermons, “many person [with HIV/AIDS] have said “thank you for making me feel like a human being.” The biggest challenge for religious leaders is what Thompson called the “nonverbal challenge.” He explained:

When [members of the church] see someone with AIDS, they feels it is [as a result] of a sexual transmission. You have to walk the tight rope between the congregation, who thinks this person is promiscuous. The love of Christ… has to be the prevailing factor. God loves those who got caught [infected with HIV/AIDS through sexual intercourse] just as much as he loves those who didn’t get caught [sexual intercourse without contracting HIV infections]. You did the same thing. You just didn’t get caught.

The bottom line for religious leaders like Thompson is that people are “still your brothers and sisters even if one is infected or not.” Thompson’s use of words “brothers” and “sisters” defines the shared relationship between PLWHA and those individuals who are not infected. Consequently such word usage works rhetorically to overcome division created through earlier judgment rhetorics that resulted in the alienation of PLWHA. In speaking of the uses of tropes, figures, and commonplaces in the service of identification, Burke suggest that in expressing a proposition “in one or any of these rhetorical forms would involve ‘identification’ by first by inducing the auditor to participate in the form, as a “universal” locus of appeal,” which leads to
consubstantiation.\textsuperscript{340} Said another way, by identifying with an audience as a means to an end (i.e., identifying with the audience’s beliefs), or on the basis of identification of opposites on the basis of a common foe, or through an unconscious identification (e.g., being one of the same race, gender, region as those one seeks to persuade) creates what Burke calls “consubstantiality” or oneness with an audience.\textsuperscript{341} Thus, for Burke, it is of necessity that the process or act of consubstantiality be thought of as the pre-requisite of persuasion. It is through the identification with another that two become “substantially one” and by necessity the conditions are now right for persuasion.\textsuperscript{342} As such, consubstantiality is achieved through the use of such commonplaces, tropes, and figures. Indeed, leaders in religious circles frequently articulate strong rhetorics that define relationships based upon familial language and metaphors.

Among the most important priestly/pastoral rhetorical strategies used by Caribbean religious leaders are rhetorics of hope. As mentioned earlier, priestly/pastoral rhetorics provide a space where the uninfected and PLWHA can strengthen their relationships with God through positive affirmations of victims’ identities through testimonies, sermons, scriptures and song. Parishioners affected by HIV/AIDS are thereby enabled to resist social forces that are often unwelcoming of them. Messages of hope are theological and not merely psychosocial in that they are “anchored in the Lord.” They have been a consistent, pivotal, and prevalent theme in the faith of people of color in pursuit of liberation from oppression the world over. Historically, it was theological hope that empowered people of color to oppose evil forces, i.e., slavery, and to take action by faith in their oppressive situations, e.g., Jesus theologies and Immanuel

\textsuperscript{341} Ibid, 21.
\textsuperscript{342} Ibid, 21.
theologies.\textsuperscript{343} It is the theological and rhetorical hope that functions as the bridge between the present and the future, oppression and liberation, sickness and healing. Thompson recounted one individual case in the history of his church of a person who was “healed of HIV through prayer.” Nevertheless, in his sermons, he preaches the power of healing through rhetorics of hope. Thompson does not offer his audience a narrow definition of healing limited to isolated cases as mentioned above. He qualifies his preaching of healing through sermonic rhetorics of hope and through the rhetorical performance of his body through the religious ritual of the laying on of hands for the purpose of healing prayer:

Every Sunday we call a prayer line for people with ailments. People will say to me what it is and I pray over it. If I have to do some referrals, then I will do that. I believe in the gifting of God over people’s life. My job is to build the faith that God is going to heal, how he does it is his business. Faith is the base; the process is in God’s hand. I always say God heals you through the word spoken over you, through medicine and through death.

Through rhetorical rituals such as offering prayers for healing for those infected with HIV, religious leaders contest judgment rhetorics that suggest that HIV/AIDS is the work of God against immoral people. In another instance, a woman living in the Bahamas with HIV stood before the congregation and shared a testimony of living with HIV and how she was managing

\textsuperscript{343} “Jesus theologies” was rooted in the lived religious experience of a theology of slaves. Such theology that provided a hermeneutic key for interpreting their relationship with Jesus, who was their “Almighty Friends” who affirmed their humanity. Thus, Jesus provided the oppressed with strength to face oppression in this life and also offered promise that he would be with them in the life to come. NEED A SOURCE CITE FOR THIS INFO? “Immanuel Theologies” were used express hope during the emancipation period. The conversion aspects of African American’s faith are what served as their source of hope during this time. Women of color particularly used metaphors and biblical language during emancipation to express this hope. Elaine Brown Crawford, \textit{Hope in the Holler: A Womanist Theology}. (Louisville, KY: Westminster, 2002), 109.
the disease through “her faith and the gifting of the doctors.” In her case, these theologies of hope became rhetorics of hope in the black church through common religious practices such as the testimony service. Cone explains the religious practice of testimony in greater detail:

Testimony is an integral part of the black religious tradition. It is the occasion in which a believer stands before the community of faith in order to give an account of the hope that is in him or her (1 Peter 3:15). The character of the testimony is always deeply personal as the believer tells his/her story of how he/she has been able to “keep the faith” in the midst of the “trials and tribulations of this unfriendly worlds.” Through the act of storytelling, the storyteller receives a “little extra strength” to “keep on keeping on” even though the odds may be against him or her. Testimony is a spiritually liberating experience for the believer wherein he/she is empowered by God’s Holy Spirit to stay on the “gospel train” until it reaches the kingdom.344

Cone’s understanding of testimony in the black church positions us well to explore the rhetorical nature of HIV/AIDS testimony in a Caribbean religious rhetorical community. This suggests that, although testimonies are personal, they are also stories accessible to others in the community that strengthen individuals’ faith, and also builds the faith of the community through their common humanity, shared suffering, and promise of a better future. Such testimony-based realizations affect the community’s day-to-day reality. In addition to building the faith of one who shares in the testimony and that of the community as a whole, the testimony potentially

affects those contemplating membership in the community through rhetorical appeals of praxis, i.e., appeals that speak to the benefit of joining the community.\textsuperscript{345}

Undoubtedly, testimonies in the black church function as rhetorics of hope through their strong culturally grounded, enthymematic power. Moreover, a testimony like the one of the young woman mentioned above introduces us to coalition rhetorics that validate the relationship of those frequently odd-bedfellows, faith and medicine, in the battle against HIV/AIDS. All of my narrators believed in and consistently practiced the ritual of saying healing prayers for PLWHA as they rejected the either/or--faith or medicine--binary in terms of pathologies to healing that incorporated a both/and—faith and medicine—rhetoric that fostered hope that the disease could be managed and that healing was a reality for PLWHA.

The rhetorical strength of the ethos of coalition rhetorics is important to consider before continuing. Aristotelian notions of ethos suggest that persuasion through credibility is established as a result of the rhetor’s perceived level of intelligence, moral character, and good will displayed toward the audience.\textsuperscript{346} If these three conditions are met, Aristotle argues, the audience is more likely to accept subsequent claims advanced by the rhetor. The credibility of religious speakers to speak to the issue of HIV/AIDS from an informed perspective has long been questioned given the nature and sheer volume of misinformed religious narratives widely circulated at the onset of the epidemic. The credibility gap deepens then for religious leaders, as they desire to persuade interlocutors on matters concerning the disease.

Religious rhetorics that support coalitions between the medical community and the faith community thereby strengthen religious leaders’ ethos in the areas of perceived intelligence about the disease and in the area of good-will of their interlocutors in providing the best possible

\textsuperscript{345} Ibid., 11, 12.
care for people infected and infected with HIV/AIDS. All of my religious narrators have partnered with various aspects of governmental and medical communities that have sponsored training for religious leaders who desire to address the issue of HIV/AIDS by using their pastoral influence. In Jamaica, representatives of the leadership team from Miller’s church are sent on a regular basis to workshops and seminars for regular training in HIV/AIDS awareness and prevention. In the Bahamas, Thomson has worked on World AIDS committees and periodically has attended AIDS committee training sessions in London and Ghana.

Davis provides another layer to our discussion of rhetorical strategies of religious leaders in terms of coalition rhetorics. Rather than referring people who have been infected with HIV to the appropriate medical specialists, he goes a step further and rhetorically blurs the line between the sacred and secular when he pulpitizes medical spaces. What he does, after someone discloses an HIV positive status to him, is worthy of few additional comments. Davis said, “once a person knows they have it [HIV/AIDS], I personally accompany that individual to the doctor.” During much of my fieldwork in my African countries of study and likewise in my Caribbean countries most pastors allowed representatives from the medical community to enter into the physical space of the church to address HIV/AIDS from an epidemiological and biomedical standpoint. However, Davis and a small number of pastors interviewed for this project conversely accompanied parishioners and community members to the secular medical spaces. Therefore, the blurring of the lines between the sacred and secular cuts both ways and simultaneously enhances the ethos of both pastors and physicians. On the one hand, for the medical community to gain entrance into a rhetorical community (i.e., those of Caribbean churches) and the lives of individuals influenced by those rhetorical communities (i.e., wider Caribbean society), they must receive the blessing of religious leaders, who function as rhetorical gatekeepers for multiple
communities. Consequently, the medical communities’ ethos is enhanced through the blessing/endorsement of the religious community. On the other hand, religious leaders in partnering with the medical community to address the multiple aspects of HIV/AIDS, gain credibility with their audiences as a result of the training they receive from the medical communities concerning the biomedical and epidemiological nature of the disease. Cunningham’s comments demonstrates for us the rhetorical impact that coalition religious rhetorics have had in the Caribbean in working to repair and strengthen religious ethos:

When the pulpit declares such information it is more readily accepted than from the experts because they are not necessarily walking the talk. We are speaking from a position of knowledge; it’s not hype. We have been trained. We bring a measure of credibility to the pulpit.

Through their use of coalition rhetorics, religious leaders are able to wield even more rhetorical influence in their communities, as their audiences will have a heightened awareness of their perceived intelligence of HIV/AIDS due to their training and partnership with the medical community. Coalition rhetorics that embrace a faith-and-medicine standpoint in religious discourses enhance the ethos of both communities, and subsequently help to deepen persuasive commitments to reducing acts of risky sexual behaviors that lead to HIV infections. In addition to the rhetorical function of repairing, enhancing, and legitimizing the ethos of both members of the medical and faith communities, religious coalition rhetorics, such as those used by my Caribbean narrators, also function rhetorically in flattening either/or understandings and explanations of the presence of HIV/AIDS. This is to say, with both medical and faith
communities working together in endorsing each other’s respective standpoint, and areas of specialization, they can disagree in a civil manner when appropriate. HIV/AIDS is reconstructed in public discourse as being within the purview of medicine and faith, as opposed to just a matter of faith in a pejorative sense of judgment rhetorics. Coalition rhetorics suggest then that medical and religious rationalities, methodologies, and epistemologies and are all needed to address and reverse the trend of new HIV cases.

4.3.2 Caribbean Churches: Prophetic Spaces

I now turn to the second of two poles in Lincoln and Mamiya’s dialectical model: the prophetic approach. As one of two historically functional approaches of the Black church and likewise, I argue, as a rhetorical genre of speech, prophetic religious rhetoric is observed through discursive acts that challenge, speak back to, and contest economic, political and social conditions that are unfavorable, unjust, and oppressive, for the purpose of this research, to Caribbean people of color.

In my fieldwork both in Jamaica and the Bahamas, I observed prophetic rhetorics being employed to address the social forces that create situations in which HIV/AIDS thrives. Questions concerning the validity, acceptability, and appropriateness of prophetic rhetoric being used in religious discourses addressing the issue of HIV/AIDS in a Caribbean context are a moot point, my narrators maintain. Whereas theology generally takes one of three departure points, i.e., (a) God (Theos), (b) humankind (anthropos) and (c) the world (cosmos), overwhelmingly discussions concerning theology and its relationship to God and humankind saturate the literature and discourses. Scant attention is given to theological discussions concerning the cosmos.
Consequently, theological rhetorics and discourses have either been primarily ‘theocentric’ or ‘anthrocentric.’ Bahamian religious leader Cunningham specifically explained why the world (cosmos) best serves as the principal point of departure for his pulpitized rhetorics on the virus known as HIV with respect to the particularities of the Caribbean. In his, June 2010, Father’s Day sermon, he prophetically preached:

> Because we live in community and are affected by the community, the gospel is not just about salvation of the soul. It’s also about the humanization of the soul—where the soul lives. The soul lives in community, affected by politics, education, and health issues. The gospel has two aims: salvation for the hereafter, and humanization: how do you affect that soul that is saved but has to live in this community. The humanizing side then says, I must address social justice and education [the lack of].

Analogously, in his pulpitized rhetorics, Jamaican clergyman Miller addresses similar social forces, the continued maintenance of which further exacerbates the devastation and vulnerability of women and children to the disease. In his sermons, he preaches a “kingdom message” and “kingdom perspective that we [the church] must deal, not just with the thing [HIV/AIDS], but the systems and structures that facilitate it.” Miller’s pulpitized rhetorics call for practical engagement and involvement of the faithful in the process of addressing HIV/AIDS. By engagement, he means to suggest involvement in the process to tear down and challenge the

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systems and structures that facilitate HIV/AIDS. In no uncertain terms did Miller identify “the poverty, the lack of education, the corruption in the nation,” as examples of things that Christians should “tackle head-on and literally fight for in the process of change.”

Prophetic performances of religious bodies come to the forefront of Miller’s rhetoric and underscore the fluidity of the priestly and prophetic dialectic functions and rhetorics found with the Black church that Lincoln and Mamiya maintain.348 Case in point, Miller’s congregation engaged in prayers for their country and for PLWHA that sought to address the spiritual and psychological dimensions of the impact of HIV/AIDS. However, many of Miller’s pulpitized rhetorics that challenge, for example, injustice, sexism, and economic disparities reject responses situated in a hegemonic binary of either priestly or prophetic rhetorical approach in ministering about HIV/AIDS in favor of both a priestly and prophetic rhetorical stance. For example in the following excerpt, the shift in polarity from the priestly to the prophetic through a rhetorical performance of religious bodies in civic engagement strikingly demonstrates how his church simultaneously embraces both rhetorics:

Change is not going to come simply in the prayer meeting, although the prayer meeting is very important and we ought to pray... we certainly accomplish through prayer but not by prayer. We pray through, but it is by work. Having prayed, get up off your knees and get out there and see what are we going to do to create the real change to those systems and structures that maintain an evil way.

348 Lincoln and Mamiya, The Black Church, 10-12.
Therefore, through what Miller identified as “practical engagement,” pulpitized rhetorics through rhetorical emissaries, a politically and prophetically engaged member from his fold who are sent out into the world, come to the forefront of prophetic persuasive strategies for religious leaders. Miller wields considerable political influence on the island and teaches his followers to use their faith to bring about change not through distancing themselves from the nation, but rather through their active involvement in the nation, a rhetorical action he calls “transformation through incarnation.” Arguably, religious emissaries involved in practical engagement can bring about a considerable amount of change given their large numbers and through decentralized pulpitized rhetorics disseminated throughout their community. The question however still remains as to if employing rhetorical emissaries is an effective strategy in addressing HIV/AIDS. “Application perhaps has been the biggest challenge. I am not certain that the pew has taken the information, gone home and sat around the table with their children and talked about it,” Cunningham lamented. Therefore, according to him, effectiveness should be measured by the presence of sustained dialogues in Caribbean homes and communities facilitated by rhetorical emissaries.

Prophetic rhetorics on HIV/AIDS in the Caribbean have a markedly unique trajectory from prophetic rhetorics within the U.S. and Kenya, Uganda, and South Africa. While it is true that U.S, Caribbean, and South African prophetic rhetorics all addressed larger attending issues, for example, poverty and lack of education, Caribbean religious narrators identified an additional one: tourism. That industry, insofar as it has promoted a “traveling culture” of sexual license, has played a significant role in the increase of new HIV/AIDS cases in the Caribbean. Bahamian leaders Thompson, Davis, Cunningham, and others postulate that the lack of education is not the

primary driving factor in the spread of HIV/AIDS in the Bahamas, nor do they agree that poverty is the driving force behind HIV/AIDS. Thompson praised the Bahamian government for the education and HIV awareness initiatives that are taking place across the nation. As Davis put it, “we work with schools to let them [Bahamian citizens] know [about HIV/AIDS]. They know it. Money is not the problem. Sometimes [it] is not where you live; sometimes it’s a mixture [of things].” Davis postulates that HIV/AIDS pulpitized rhetorics cannot be directed only to those who are living in poverty, which then could give the false impression to those who are “doing well that [the message] is not for me.” The remedy to such issues is, Davis claims, “to address lifestyle and that way you hit everybody.” Yet, what Davis and others clearly propose is the central driving factor behind HIV/AIDS in the Bahamas is tourism. One prevailing media myth is the escape to “fantasy island” that promotes, the commodification and exploitation of the Caribbean body, sexual irresponsibility, and carefree sexual living in the minds of tourists, all of which can come, however, with life changing consequences. Traditionally, it has been the female Caribbean body that has been sexualized and considered more central to the tropical paradise or the “libidinal economy of the tourism.” Most recently, with the release of such movies as, for example, Terry McMillian’s “How Stella Got Her Groove Back” (1996), more attention is being focused on the black Caribbean male body, i.e., the symbolic representation of the ultimate taboo for Northern American and European white women, who “after years of socialization and preachments against such liaisons, participate in the dance of forbidden pleasure under the cover of anonymity.”


351 Ibid., 10.
Davis addressed the reality of this relationship between HIV/AIDS and tourism and said, “In the Bahamas, we’re a tourist-oriented place, so the tourist come here looking for a good time, and we give them a good time at our own expense. And at their expense, too, because sometimes they have never been [sexually] involved, and when they go, [they go] and carry the stuff [HIV], [and] sometimes they bring the stuff [HIV].” Davis supposes that both heterosexual and homosexual strip clubs and brothels, “bring big business to the island” and also contribute to the spread of HIV/AIDS in providing sexually charged environments that promote risky behavior. Such forms of entertainment with life threatening consequences are addressed through prophetic rhetorics and lifestyle messages, such as those preached in Davis’ church. Prophetic messages then must be nuanced to address heterosexism, heteropatriarchy, sexism, the commodification of the Caribbean black body, capitalism, and media depictions of “Fantasy Island” that promotes sexually irresponsible escapes of tourists.

4.3.3 Caribbean Churches: Liberating Spaces

Akin to narrators interviewed in Kenya, Uganda, and South Africa, Caribbean narrators have embraced a type of pulpitized rhetoric that shares some basic commitments with feminist theology and feminist preaching that have huge implications in terms of the vulnerabilities to HIV that Caribbean women face. Through feminist preaching, religious leaders rethink theological suppositions or the substratum of religious discourses by critically examining the

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intersectionality of women’s oppression, for example, sexism, violence, and gender injustice. My interviews revealed several religious proclamations on HIV/AIDS that addressed the oppression, violence, and inequality created by the social reality of gender injustice faced by Caribbean women preached across various feminist perspectives, feminist theologies and feminist consciousness.

I identify two, among several, striking examples of Caribbean pulpitized rhetorics on HIV/AIDS from a feminist preaching/theological standpoint. In his attempt to bring liberatory transformation for the women in patriarchal Caribbean counties, Ross Davis preaches a strong message of gender and sexual equality, for example, in counseling sessions, when he makes statement like the following to women: “You have ultimate control over your body. You are ultimately responsible for yourself. If you find that you have an unfaithful spouse, then [you need to say] I am going to get out the relationship. Then if not, here are the condoms. It’s empowerment through knowledge,” he said. In a similar vein, Miller preached a message of sexual equality through education. That is, Miller’s preaching calls for an epistemological shift in theological reflection that encourages women to draw upon their lived experiences and personal knowledge in tandem with scripture in making decisions concerning their sexual health and choices that are, as he framed it, “consistent with their conscience.” In his charismatic style and with an avuncular aura, Miller enjoins women to “protect your own life. If he don’t want to use a condom, and if he is promiscuous, you have a choice to make, sweetheart. If he doesn’t want to go along with it [using condoms] then it’s out of here baby.” Miller’s statement “it’s out

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of here baby” should be understood to mean that either the woman must demand the man leave the relationship and if he does not, then the woman should leave him.

Neither Miller nor Davis explicitly identified their theological orientation as being that of feminist theology. However, a feminist consciousness is present in their rhetorics. Christine Smith says, “Preachers who preach from a feminist perspective will critically look at the ways traditional theological assumptions perpetuate women’s suffering and oppression, and then seek to construct theological understandings that liberate.”355 Both Davis and Miller advocate that women should breakaway from men who put them at risk for HIV infection. Furthermore, both pastors articulated that women should have a zero tolerance policy on domestic abuse. In a poignant statement Davis posed no moral qualms in preaching about separation and divorce within the context of these issues. He said, “I don’t struggle because I have seen too many deaths. I have been on the other side because I told them to stay together and one killed the other.” Davis’ comments here are instructive in that they illustrate how prescriptive rhetorics concerning sexuality, marriage, divorce, and separation have historically been held within the grips of the powerful and privileged males of the church.356 That is to say, historically within Pentecostal churches, with which Davis self-identifies, divorce was tolerated only in the case of marital infidelity, as believed to be the official and only position of scripture. Even in the face of domestic violence and other situations (i.e., HIV/AIDS that further place women in oppressive and life threatening situations) many male religious leaders held to their traditional convictions of divorce on the grounds of acts of adultery only, as Davis once did. Rhetorics like this that are informed by traditional theological assumptions are examples of those that Smith points to as rhetorics that perpetuate women’s suffering. Both Davis and Miller illustrate how religious

355 Smith, 135.
356 Foucault, The History of Sexuality, 17-49.
leaders address social issues within a polarity of two rhetorical responses: accommodation and resistance. In the face of such traditional assumptions (accommodation) Davis said, “the old school says no divorce. [As] Pentecostals, we believe that.” Then through rhetorical resistance to that tradition of which he identifies with he said, “however, there comes a time when you know that there ought to be a separation [when there is] mistrust [and] cruelty.” Miller’s and Davis’ religious rhetoric demonstrates a strong rhetoric of resistance grounded in feminist perspective that challenges such hegemonic, religious traditions and is transforming pulpitized spaces into oppositional spaces. Consequently, both Miller’s and Davis’ rhetoric seek to place the tradition of the Church in constant dialogue with the critique and rhetorical vision of feminist theological aims that seeks to recover agency of women’s sexual health and well-being out from the disciplinary and prescriptive male dominated hands of the Church, thereby, creating liberating spaces for women to truly claim agency as their own.

As discussed earlier, the conceptual framework for this chapter has been the notion of sacred space. More specifically, I seek to understand how the rhetorical and theological act of (re)naming, i.e., preaching creates safe, prophetic and liberating spaces for PLWHA. If we think of these spaces functioning like a ring of concentric circles, we can conceptualize how these spaces, generally, fit within the framework of another circle. That is to suggest that one type of space, i.e., safe space, is arguably the necessary prerequisite for liberating and progressive spaces. The spaces thus are necessarily dependent on each other within a concentric model. Much like my African narrators, my Caribbean narrators have a model of safe spaces that holds true as rhetorical sacred spaces, insofar as we are discussing HIV/AIDS within heterocentric space and concerning heterosexual sexual practices. A sharp rhetorical break with the concentric circle models, i.e., a set of circles within circles, is observed in my narrators’ rhetoric as it relates
to homosexual and/or LGBTQ sexual practices but, as I will discuss more in-depth in the next chapter, there is room within the concentric model for homosexual orientation.

The following excerpts leave no room for multiple interpretations regarding my narrators’ positions on same-sex relationship. For example, Jamaican pastor Miller, in response to his country’s reputation as being considered “the most homophobic place on earth,” said, “We make no apologies that we are not accepting of the homosexual lifestyle because we believe it is contrary to the Word of God, to Scripture” (emphasis mine). Bahamian pastor Davis plays on a rhetoric of choice, in that he argues that homosexuality is a “choice’ and that there “is another choice,” he noted, “a better choice.” By a “better choice” Davis means “heterosexuality” as a result of spiritual deliverance from homosexuality, which in some cases he preaches is as a result of “demonic possession.” Cunningham’s position is that when “individuals [LGBTQ] acts in this way [read: practice homosexual sex], they must be disciplined,” again referring to the disciplining power of churches on sexuality. Perhaps the most telling statement that seems to support the idea that the concentric circle model of safe, liberating, and prophetic spaces is problematic and not congenial to and accepting of members of the LGBTQ community, at least in sexual orientation, came as Moxy postulated a question that seemed incompatible with his theological position on homosexuality. He asked, “from a congregational perspective [i.e., the concentric circle model], how do we embrace homosexuals and still maintain a righteous standard [read safe, prophetic and liberating spaces]?” Moxy’s position is not an anomalous rhetorical stance among many black religious leaders in that his comments exemplify perfectly the rhetorical tension between the universalism and particularism dialect. That is, Moxy’s interpretation of scripture leads him to believe that he should demonstrate an inclusive agape

358 Foucault, The History of Sexuality, 17-49.
love for all humankind through his pastoral care, yet the particularism or exclusivity of his understanding of the “called out” ones, i.e., the church in terms of acceptable sexual practices forces him to uphold a standard of heternormativity within the church.\(^{359}\)

### 4.3.4 Separate But Equal: Safe, Prophetic and Liberating

The Guinness Book of World Record lists Jamaica as having more churches per square inch than any other country in the world. Therefore, it stands to reason that there should be a church, i.e., safe, prophetic, and liberating space for everyone, unless “you’re gay,” Rev. Robert L. Griffin said.\(^{360}\) In a climate where homophobia translates into violence against members of the gay community, Griffin answered the call from the members of the gay community in Jamaica who, as he described, “had to be in the closet just to be in a worship environment.” Griffin, an African-American, openly gay licensed Baptist minister and ordained Metropolitan Community Churches (MCC) pastor travels once a month from his Ft. Lauderdale church to Jamaica to provide spiritual leadership for the Sunshine Church in Jamaica, or as it has also been called “Jamaica’s underground gay church.”

Problematising the concentric circle model for members of the gay community in Jamaica, who, according to Griffin, daily face “the reality of seeing so many people, their friends and lovers, just being literally killed in the front of the faces,” Griffin maintains that creating a safe space within homophobic, heterocentric Jamaican churches is a very risky, arguably life-

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359 The Greek New Testament word *ekklesia* is translated “church” in the English Bible. The *ekklesia* or church is by definition an assembly of individuals who have been “called out” to form a collective body.

threatening proposition. The only viable alternative for Griffin and members of the gay community is to abandon all together the hetero-concentric circle model of sacred spaces, in favor of an affirming and accepting model for members of the LGBTQ community, whereas the notions of providing a safe, liberating, and prophetic spaces carries with them, “a whole new meaning.” This is to say, creating a safe space where one could speak of HIV/AIDS in a religious setting is secondary to providing a physical place of worship where members of the gay community could come and worship without fear of losing their lives. For this church, safe space is synonymous with secret spaces. Griffin explains:

One of the things that we have never done since the creation of the church, we have never advertised the worship locations. We have never put up a location where these churches take place for fear that there would be an attack on the congregation. So we wanted to make sure that we created a safe space for people to come…and be with likeminded people and feel safe without the need or burden or worry about what’s going to happen to them if they are seen coming into one of our worship services.”

Subsequently, these physical spaces, of which there are now up to four churches across the island, collectively with over 100 members, became a sacred rhetorical space filled with religious rhetorics on HIV/AIDS. Griffin’s use of prophetic and pastoral priestly rhetorics have proved effective in helping members of the LGBTQ community “identify a place where they can openly talk about their sexuality, their spirituality and to also create a place where couples could come and talk about their relationship in a very healthy way.” Before presenting additional
excerpts of Griffin’s rhetoric that stand in opposition to the rhetorics of narrators presented above, I would first like to present a few passages that demonstrate where the religious rhetorics of my narrators share some commonalities. Akin to other Caribbean prophetic rhetorics, Griffin’s prophetic rhetoric has indicted the interrelationship of poverty, post-colonialism, lack of education, and the tourist industry as structural issues that have exacerbated situations in which HIV cases have and will continue to flourish. Analogously, Griffin’s rhetoric praises the government of Jamaica for the commendable job it has done in leading the fight against HIV/AIDS, an illuminating point of study I will speak to in a later chapter.

In the same breath, nonetheless, Griffin shared a critique of the Jamaican government, which serves as his point of departure in the national religious conversation on HIV/AIDS that centered on what he called the “added component of missing the sexuality piece.” Thus, in stark contrast to other clergy members interviewed for this project, religious rhetorics that affirm the humanity and sexuality of members of the LGBTQ community serves as the substratum of Griffin’s pastoral/priestly rhetorics. The efficacy of his pulpitized rhetorics in his church, seminars, workshops, and classes rest upon his ability to successfully, as he explicitly said, “deconstruct scripture and deconstruct, especially in the Caribbean, a colonial mindset.” That is, sacred books of religions are rhetorical sites of struggles because of how these texts have been interpreted and have come to hold different meanings for different groups of people over time. Within the Caribbean, religious leaders, beginning with colonial missionaries up until the present, including my narrators in this chapter, have struggled over the meanings of certain verses of scriptures that have been used as imperatives against homosexual sex and relationships. These difficult rhetorical sites of struggle for meaning that such verses present within a homophobic culture became apparent as Griffin shared this candid moment:
One gentleman said to me, they [missionaries] came with the exact same bible and the exact same scriptures and said this is what it mean, and here you come in 2005, 2006 with the exact same bible, saying this [alternative, oppositional reading] is what it means.

Referring to a specific set of scriptures that have historically been interpreted to condemn homosexuality as, “clotter passages,” Griffin challenges the “missionary, do as I say and do as I do” perspective of interpretation and presents another interpretation that takes into account the lived experiences of members of the LGBTQ community. Such an interpretation then looks at scripture and asks, “here is what it [the Bible] says, how do we inform what is says and live that out?” Griffin pointed to the works of James Cone, Delores Williams, and other Feminist and Womanist theologians as being influential factors in the formation of his current theological positions.

Affirming and validating the lived experience of members of the LGBTQ community within the context of faith is the core of Griffin’s pastoral/priestly theologies. Griffin’s pulpitized pastoral/pastoral rhetorics are what he called “celebrations of life” and “celebrations of wholeness.” In his estimation, the most important pulpitized message that he shares with members of his underground church is that “God loves you just as you are.” It may be simplistic, as he notes, but “it also carries a very deep meaning when you have been a part of society from day one that has told you are worthless, you don’t deserve to live and any one you sleep with deserves to be killed.” Griffin identified a strong eschatological rhetoric of hope that “reminds them [LGBTQ members of his church] of their sacred worth and their wholeness.” The promise
of the better future, a central eschatological thread that produces hope in similar Christian rhetorics, is heard in Griffin’s rhetoric as he encourages his followers that there is going to be a “better future for you and those who come behind you” because we “will continue to persevere and maintain strongly in our faith to get us through it.” He concludes, “and our faith will get us through it!” While Griffin problematizes the concentric circle model as being a heterocentric and a heteronormative model, he also helps us to identify another strand of priestly/pastoral rhetoric, that I call “separate but equal.” Such rhetorics of identification offer succor for Griffin’s followers who are denied full acceptance within the dominant religious community. While not a part of the visible Jamaican church, members of the Sunshine church and by extension LGBTQ Christians worldwide are very much, as Griffin believes, part of the Body of Christ. Griffin’s church functioning in a separate physical space rather than functioning in a shared sacred space within the dominant Caribbean religious culture locates its historical precedent within African American culture, specifically, the origins of the African-American church as an oppositional space and counterpublic, born in response to marginalization of racial differences within Eurocentric religious spaces. Analogously, Sunshine church in Jamaica was born in response to dominant heterocentric marginalization and oppression of members of the LGBTQ community that cuts across sexual orientation.

The religious embodiment of the openly gay clergyman, Griffin functions as a legitimizing and rhetorical entity. Members of the gay Christian community believed that they

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361 By Black counterpublic, I draw on Michael Dawson’s definition of a black counterpublic being “a discursive site for debate . . . that interacts with other spheres within American society” that was needed because for most of American political and religious history, “blacks were excluded from the “American” bourgeois public sphere.” Michael C. Dawson, Black Visions: The Roots of Contemporary African-American Political Ideologies (Chicago: University Of Chicago Press, 2003), 23, 24.

are loved by God and/or apart of the body of Christ prior to Griffin’s visit, and, “the fact that” he said, “a clergy person came and affirmed what they were thinking,” which is noteworthy. That is to say that, their affirmation as children of God is based upon rhetorics of identification within the larger, universal church and was also legitimized by ecclesiastical endorsement. It still remains, however, that while on the one hand Griffin’s rhetorical body is a tool in the service of priestly/pastoral rhetorics that affirm the lived experience of LGBTQ Jamaican Christians, on the other hand, it is likewise the openly gay, rhetorical body that again is inscribed with meaning that undermines his ethos as a legitimate religious voice. Griffin recognizes that there is an awareness and respect that he has received as being both a “representative of the gay community and that of the clergy.” Nevertheless, he, too recognizes that his credibility, or as he calls it “people taking us for real” is his biggest challenge in ministering about HIV/AIDS and its attending issues. In part, the ethos challenge that Griffin faces is as a result of how the homosexual black body has been read against the gendered, heterocentric space of the physical pulpit. Griffin’s body is often read as ‘other’ or as he put it:

[in] classical messages you have AIDS and you deserve it because you’re gay, you are a cancer in the church and God is going to weed you out through our [read hetero-patriarchal Caribbean leadership] hands, you are an abomination before God and you deserve to die, or that mentality that only the strongest will survive, which is a very Jamaican mentality and anything that is less than deserves to die.
From the interviews of Caribbean clergy members included in this study presented prior to Griffin’s voice, I observed how the prophetic and priestly/pastoral rhetorics have had a distinct directional trajectory. Said another way, priestly/pastoral rhetorics are directed internally toward the psyche of the faithful. Prophetic rhetorics are directed externally, i.e., outside the religious space, toward structural and social forces. However, Griffin’s rhetorics add another important nuance to our discussion of prophetic rhetoric in that it is also internally directed toward the institution of the Church. Within Hebrew prophetic rhetoric and also in nineteenth century appropriations of Judeo-Christian prophetic rhetoric, it was not uncommon for religious leaders to direct their prophetic voices internally at the institutions of which they were apart. Take for example, the Hebrew prophet Amos, who was set in opposition to Israel’s egregious injustices, and contemporary prophet Dr. Martin Luther King, Jr. in his pointed rhetoric to white clergymen who denounced his approach in negotiating the civil rights struggle. In both cases the prophetic rhetorics were directed internally at religious institutions for failing to live up their rhetorical religious visions.\footnote{Stephen Long, “Prophetic Preaching” in Concise Encyclopedia of Preaching. For additional examples, see Martin L. King, Jr., “Letter from the Birmingham City Jail,” in Testament of Hope: The Essential Writing of Martin Luther King Jr., ed. J.M. Washington (San Francisco: Harper and Row, 1986), and Christopher House, “Hebrew Prophetic Oratory: A Rhetoric of Confrontation” (M.A. thesis, Syracuse University, 2007).} Analogously, Griffin’s prophetic rhetorics are directed internally toward the larger Protestant Jamaican religious community, of which he is apart. Griffin identified his pulpitized message as being three-fold: one of liberation, empowerment, and affirmation. Griffin’s prophetic messages challenged the institutional church to live up to it religious rhetorical vision that Christians should as scripture teaches embrace and accept all people of the world for whom Christ died, including those who identify as LGBTQ in general and LGBTQ Christians who are living with HIV/AIDS, in particular. Griffin’s pulpitized rhetorics have been disseminated through articles and are heard on daily and weekly national radio and TV debates.
against conservative Jamaican theologians and religious leaders on issues relating to homosexuality and scripture. Prophetic rhetorics used in Griffin’s debates challenge Jamaican theologies that if “God is a God of acceptance, forgiveness and wholeness,” then those characteristics of God should not be denied to members of LGBTQ community. Griffin’s challenges to the institutional church simultaneously rhetorically communicates to members of LGBTQ community that, “I’m okay with God.” The effectiveness of his prophetic rhetoric is measurable, he said, in that he is being called upon less to debate and write articles because “people [read LGBTQ community] feel more empowered to address these issues on their own.” Arguably, the empowerment and sense of liberation is connected in part to their identification with Griffin’s rhetorical body, and their rhetorical identification, although separate but equal, in the sight of God and within the larger, universal body of Christ.

As I have set out to show my Caribbean narrators have engaged in various rhetorical strategies, for example, coalition rhetorics, (re)identification renaming, rhetorics of identification, priestly and prophetic rhetorics, and rhetorical emissaries in their efforts to reduce the number of new HIV infections on their respective Caribbean islands. Nevertheless, there still remains a deep divide within the Black Caribbean religious community as it relates to HIV/AIDS over the issue of sexual orientation or what is ‘respectable’ and ‘acceptable’ sexual practices. The implications of this could have a profound impact on the reduction of new HIV cases. Whereas Griffin’s rhetorics move his non-heterosexual auditors toward an understanding for the need of separatism, in terms of physical worship locations, but, equality, in terms of all believers faith in Christ regardless of sexual orientation; the heterosexual rhetors, on the other hand, argue precisely the opposite: equal but separate. In other words, the other narrators introduced in this chapter argue all humankind is equal in their standing before God as His creations; the church,

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however, must remain positionally and rhetorically separate from non-heterosexuals in terms of their understanding of their commitments to biblically proscribed sexual practices. With such a deep-seated rhetoric of bifurcation centered within this tension, at least for this writer, I do not foresee either group of religious leaders recanting their positions, unless a social-historical re-reading of specific biblical texts give way to a light of clarity in both camps of religious leaders’ understanding of non-heterosexual sexual practices.
5.0 CARIBBEAN THEOLOGIES ON HIV/AIDS: A JAMAICAN CASE-STUDY

“Again I looked and saw all the oppression that was taking place under the sun: I saw the tears of the oppressed— and they have no comforter; power was on the side of their oppressors— and they have no comforter.”

—Ecclesiastes 4:1

In this chapter, I analyze the pulpitized rhetoric of the Rev. Dr. Burchell K. Taylor, senior pastor of the Bethel Baptist Church in Kingston, Jamaica, as part of my larger analysis of HIV/AIDS pulpitized rhetorics within a Caribbean context. To begin this discussion, I first present a brief pastoral biographical sketch of Taylor and the Bethel Healing Ministry. Then I discuss Taylor’s HIV/AIDS rhetorical strategies paying special attention to those rhetorics that address the LGBTQ members in his church and in the wider Jamaican society.

5.1 PASTORAL BIOGRAPHICAL SKETCH

November 11, 1954, marked the birth of the Bethel Baptist Church in Kingston, Jamaica under the spiritual leadership of Rev. and Mrs. Charles McCullough, both of whom were white U.S. Southern Baptist missionaries serving in Jamaica. With just a core group of fifteen members
in 1954, the non-denominational church began to grow in membership, attracting scores of young people. During the summer months, young people from the U.S. traveled to Jamaica to teach Vacation Bible School at the church and throughout the island. The new growth of church members during those formative years was, in part, due to the missionary outreach efforts of these young Americans.\footnote{The Bethel Story: 1954-2004 (Kingston, JA.: Xpress Litho Limited, 2004) 8.}

Even as the church was experiencing tremendous growth in its membership, tensions were brewing beneath the surface between McCullough and the families of some of the founding church members. In 1961, with an imminent departure back to the States, for reasons unknown to this author, McCullough wanted the church to become a Baptist church under the organizational framework of the Jamaican Baptist Union. One parishioner known only by his last name, “Mr. Forbes,” a founding church member and his family did not agree with the pastor’s decision and parted ways with the church. The church went on to become a member of the Jamaican Baptist Union, amidst opposition from other unknown “church leaders” who eventually left the church. After McCullough returned to the U.S., and after the course of other events, the church was left without a pastor for over five years. According to historical accounts of the church, two significant events happened at the turn of the founding decade: (1) Bethel’s decision to become affiliated with the Jamaican Baptist Union in 1960 (2) the appointment, exact date unknown, of William Edwards as pastor of the dwindling congregation. After eight years of service to the now 250-member congregation, Pastor Edwards was called to another pastorate position.\footnote{Ibid., 7-18.}

On May 1, 1971, Rev. Burchell Taylor of the Porus Circuit Baptist Church in Manchester accepted the pastorate position of Bethel. According to the church’s website, Taylor, an ordained minister of the Jamaican Baptist Union, is described as being “involved in leading seminars,
addressing conferences, presenting papers and leading Studies in Bible and related subjects, both locally and internationally.” Taylor holds a Bachelors of Divinity degree from London University, Master of Arts in Theology from Oxford University, and a PhD in Theology from the University of Leeds. He is a published scholar and a part-time lecturer at the United Theological College of the West Indies and St. Michael’s (Roman Catholic) Seminary. Taylor and his wife Ann have three sons and one grandchild. Embarking on his forty-first year of pastoral service at Bethel, Taylor has increased Bethel’s membership to “2500 on the books,” as he stated in my 2010 interview with him. Since 1971, Bethel has implemented several additional programs and services to minister to their parishioners and the Jamaican community including, for example, the Social Work Department, Women’s Federation, Bethel Lay Institute, Bethel Foundation, Birth Month Groups, Blood donor’s club, Youth Related Ministries, Bethel Baptist Trauma Bereavement Group, and the ACB Bakery. The ministry, however, most relevant to this study is Bethel’s Health Ministry and HIV/AIDS ministry.

One of the first ministries implemented under Taylor’s pastorate in 1974 was Bethel’s Healing Ministry. The Healing Ministry uses a “wholistic [sic] approach, geared towards treating the whole person — body, mind and spirit.” In other words, the Health Ministry makes use of a “congregation-sponsored service with a comprehensive primary health approach, counseling services for personal growth and development and prayer and visitation and community development.” Whereas in 1974 the Healing Ministry operated on an evening-only basis, in 1984 the clinic was expanded to offer full-time services that included: a Monday-Friday, 9am-3pm

368 For more on the services, ministries, and programs at Bethel, see the church’s website.
www.bethelbaptisthwt.com
Medical Clinic; prayer partners who were available during regular clinic hours; a Monday-Friday 9am-6pm pharmacy; and an appointment-based Counseling center operating Monday through Thursdays, 9am to 2pm. The Healing Ministry is now virtually operated by a paid staff along with a few volunteers. With such improvements and expanded services in place, Dr. E. Anthony Allen, a psychiatrist and theologian with special emphasis on holistic health, characterized the Health Ministry as:

a primary health care program with a whole person approach, that is, having medical, mental health, pastoral and socio-economic service components. It is comprehensive; within each of the above components are curative, rehabilitative and promotive-prevention aspects.

In response to the growing rates of new HIV infections on the island, in 1988 the church formed an HIV/AIDS committee with the aim and objective of “sensitizing its members through lectures and discussions and the drawing up of an AIDS policy for the church.” According to the church’s website, a certain percentage of the church’s annual budget for ministry to persons who are marginalized and forgotten in the community (including PLWHA) is allocated to HIV/AIDS work. Moreover, Bethel’s desire to provide services to PLWHA speaks to their awareness that “as a Church . . . this disease, like all others, can and does affect ‘church members’ also.” In addition to funds allocated to the HIV/AIDS ministry by the church, the church sponsors a

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371 E. Anthon Allen, M.D., M.Div., MRCPSYCHE., is a part time research and development consultant for the Community Whole-Person health program of Bethel Baptist Church. For more, see Anthony Allen, Caring For the Whole Person (Monrovia, Calif.: MARC Publication, 1995), 49.
major, Lapathon fundraiser of which the proceeds raised from the event are distributed to other programs, ministries, and institutions working in the area of HIV/AIDS care across the island. During my 2010 visit to Taylor’s ministry, he told me that, Rosie Stone, wife of the beloved Jamaican political scientist, Carl Stone, who died of AIDS, was the speaker at their most recent Lapathon. Bethel’s HIV/AIDS ministry also includes a “special care unit” that follows up on PLWHA in both the church and Jamaican community who are “specifically” referred to the ministry by “ensuring that they take their medications and keep their Doctor's appointments.” On two separate occasions, I had the opportunity to visit Bethel’s Health Clinic to observe the day-to-day activities.

Allen, a research and development consultant for the whole-person program at Bethel explains that the day-to-day operation of the clinic begins with devotions “in which the patients and staff invited God’s presence and activity.” Followed by devotions, patients then see the nurse-interviewer, who then shares with the patients the healing ministry’s holistic approach to health care. Medical screenings are performed and a holistic assessment questionnaire is administered. Basic mental health, pastoral care and prayers for healing are offered to patients. General practitioners, psychological counselors, social workers, and psychiatrists are available for more specialized care. At the pharmacy, patients are able to purchase prescriptions at a reduced cost and also receive consultation on a sliding scale fee. Throughout the week, a group of parishioners meet on a weekly basis to offer prayer to patients who ask and also to pray for and with the staff of the Health Ministry. Thus, Allen concludes “the physical, emotion and

373 Lapathons are organized runs that raise money for a particularity charity or cause, in my narrators’ case HIV/AIDS.
374 <bethelbaptisthwt.com/index.php?id=26>
376 <bethelbaptisthwt.com/index.php?id=26>
spiritual suffering of the Jamaican and Caribbean poor calls for them to be priority of the church’s ministry to the whole person. The gospel involves both preaching and healing (emphasis his). As with other narrators in this study, the Healing Ministry’s holistic approach to health care is grounded in a widely held Christian understanding of humankind as tripartite being, i.e., spirit, soul, and body, and, in addition, is a significant theological underpinning that profoundly shapes Taylor’s religious rhetorics on HIV/AIDS. Moreover, Bethel’s Healing Ministry and other faith-based organizations, like it, that utilize a holistic approach to HIV/AIDS ministry can address community members needs in ways that, for example, public health officials often cannot. Public health can provide the scientific information concerning the epidemiology of disease; faith-based organizations, for example, can speak to the spiritual and psychological dimensions and impact of the disease. However, unlike other faith-based organizations, Bethel is further equipped to address the epidemiology of the disease through the services of their trained medical professionals.

5.2 BURCHELL TAYLOR’S RELIGION RHETORICS ON HIV/AIDS

Holistic ministry to the poor, as Allen claims, is a priority for some Jamaican religious leaders. During one interview, Taylor explained how his “interpretation of the poor” functions rhetorically and symbolically in his understanding and religious rhetorics on HIV/AIDS. “HIV/AIDS coincides with the economic poor,” he said, “but the economic poor,” he added, “is

symbolic of poverty in terms of marginalization and oppression.” I have already discussed at length in the previous chapter how some Jamaicans, at the hands of the country’s religious leaders, experienced marginalization and oppression on the basis of their positive HIV status. While this was true of other Jamaican leaders, Taylor’s rhetorics, he said, “don’t condemn people.” Before presenting excerpts of his rhetoric that will help to identify Taylor’s key strategies that are unique and that stand apart from the strategies, warrants, and justifications employed by his fellow clergy members interviewed for this study, I would like to say a few words concerning how much of his rhetoric and strategies are in-line with his Caribbean counterparts.

First it is important to note that Taylor’s theological orientation and hermeneutical standpoint of Caribbean Liberation functions the same in shaping his rhetorical responses to HIV/AIDS as that of the other narrators introduced in the Caribbean overview chapter. As a very influential scholar and theologian in the area of Caribbean Liberation theology, Taylor stated that his theological orientation has been greatly influenced by the works of other Caribbean theological thinkers such as “Kortright Davis, Ashley Smith, and William Wattie.”

Taylor’s “posture in confronting the Bible,” as he put it, is significant to consider, as we examine the rhetorical strategies in his pulpitized rhetorics on HIV/AIDS. Looking back specifically on the centrality of the rhetorical strategy of identification being used in the rhetorics of Taylor’s


contemporaries, I immediately noticed that for him, likewise, identification is central not only in his rhetorics but more so in functioning as the interpretative lens through which he reads scripture. Identification also plays a role in his rhetoric when he attempts to speak to PLWHA who have been marginalized and oppressed. Identification in hermeneutics, then, i.e., a Caribbean theological approach to scriptural interpretation is one of Taylor’s principal rhetorical strategies. He explains the significance of this strategy:

Hermeneutics. . .is vastly your location in interpreting scripture [that is] a particular social location that gives you a hermeneutical privilege because you know what it is to be in solidarity with the poor. So when you read the scriptures, you read it through that lens.

Taylor’s statement seems to suggest that the relationship between Jamaican religious leaders and the poor is based upon a shared identification and solidarity that is translated into religious rhetorics that speak to the plight of the poor. From his previous statement, we recognize that Taylor’s use of the poor is symbolic of PLWHA, for example, as he rhetorically positioned PLWHA within the purview of Christian social ethics as, “lepers of the church, the new marginalized in society.” For Taylor, then, PLWHA are precisely the individuals to whom the church should be ministering.
5.2.1 Taylor, the Church and Sacred Space

Returning to my larger working framework of the church as a safe, prophetic, progressive and liberating space, Taylor’s pulpitized rhetorics have worked to transform the sacred space of his church into a safe space for PLWHA. Admittedly, he has not devoted an entire sermon to the subject of HIV/AIDS; nevertheless, he preaches sermons that “range upon meeting human needs,” which are inclusive of HIV and also encompass those infected and affected by the disease. In the 1980s, Taylor was able to penetrate the religious culture of silence surrounding HIV/AIDS through what he called “strong ministry teaching” about the disease. In his use of identificational (re)naming, Taylor, much like other narrators in the Caribbean, articulated HIV/AIDS as “just another pandemic,” with great reference to “lifestyle.” Unapologetically, “Christianity,” he argues, “is committed to lifestyle issues.” Thus, he is “concerned about the person who is infected by this [HIV],” more than anything else. Taylor’s use of identificational rhetorics helps to remove stigma surrounding the disease.

In 1984, the church produced the *Bethel Baptist Church and HIV/AIDS Policy* that articulated the church’s official position on how parishioners should treat one of their brothers or sisters who is HIV positive. Given the earlier association of HIV/AIDS and homosexuality, Taylor added that the earlier development of this document instructed how “you [parishioners] would treat people if you find out that one of your brothers or sister is homosexual.” Bethel’s self-described “enlightened approach to social responsibility” recommended a three-dimensional approach of “prevention,” “treatment,” and “rehabilitation” as the Health Ministries’ core response to HIV/AIDS through sermons, teachings, and classes offered in the church.\\(^{381}\) Looking specifically at the appendix of the HIV/AIDS policy is the “adaptation of 10 principles on

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\(^{381}\) See *Bethel Baptist Church HIV and AIDS Policy*, 4.
“HIV/AIDS,” another rhetorical strategy emerges discursively as the HIV/AIDS committee attempts to collapse the sacred-versus-secular and us-versus-them binaries as it relates to the relegation of PLWHA to the status of ‘other.’ The Church’s official position on the recognition of HIV and AIDS as a church issue reads:

HIV and AIDS is a church issue and should be treated like any other serious illness/condition at church. The church has a role to play as part of the local community and in wider efforts to limit the spread of HIV.382

Again, identification as a rhetorical strategy is observed as Taylor’s ministry seeks to “place ministry in context,” i.e., the Jamaican community and more specifically within the context of the human condition. In Burkean thought, then, identification through common ground is key in analyzing Taylor’s teaching on HIV/AIDS. One hallmark of Taylor’s rhetoric is his strong emphasis on the common ground of the “Imago Dei,” or image of God. He explained that through his rhetoric, he focuses on the things that make us human. Things that make us human, for example, are that “we are capable of being addressed by God and we are capable of responding to God.” He went on, “people have to come to that consciousness. People have to realize that we share a basic humanity, that is, what makes us human…we are no different…that to me is a reality.” Therefore, Taylor’s rhetorical strategies acknowledge a common ground and, as we will later see, also attempt to recognize difference across sexual orientation in a way that no other narrator in the Caribbean has articulated thus far. So far we have seen that Taylor’s

382 Ibid., 7.
rhetorics have created a safe space for PLWHA through his sermons, teachings and through the HIV and AIDS Policy.  

Taylor’s rhetoric exhibit a very common prophetic thread. This emerges as he, too, uses pulpitized rhetorics to “deal with how societies are and how people are disadvantaged” and with “the structures and institutions” that perpetuate inequalities within Jamaican society. However, upon closer investigation, I found that the tapestry of Taylor’s prophetic rhetoric is only one of its kind found in this study, in that, it is interwoven within his wider rhetorical strategies of identification. Case in point, Taylor builds upon the theological supposition that “God in creating the world is a God of justice thus it means that God takes the side of those who are oppressed,” an argument first put forth by black liberation theologians, e.g., James Cone. Taylor’s rhetorics augment this seminal theological claim and further argue that “in the same way God takes the side of the oppressors.” While ostensibly an untenable and contradictory rhetoric to advance, Taylor’s justification for such a claim is found in the acknowledgment of the shared humanity of both oppressor and the oppressed. Simply put, “In taking the side of those who are oppressed in a liberating way, God at the same time takes the side of the oppressor. For if you liberate the oppressed. The oppressor is no longer an oppressor. The oppressor has to come to terms with that kind of thing.” This is to say that with God, too, on the side of the oppressors that accountability before God for the oppressive actions is no longer an option for the oppressor, Taylor explained. Consequently, the oppressor has to come to terms with “that kind of thing,” that is, the acts of oppression, Taylor claims. Therefore, and as if to indicate that God is on the side of both the oppressor and oppressed, Taylor said following the “word of judgment” directed toward the

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383 The other nine principles help to create and maintaining a safe space for PLWHA. Those nine principles touch upon issues of: Non-discrimination; Gender equality; Health Church environment; Social dialogue; Non-screening for purposes of exclusion from employment or church processes including work; Confidentiality; Continuation of employment relationship; Prevention, and Care and support. For more information, see Bethel HIV and AIDS Policy.

oppressor, “on the back of it is a word of salvation,” which will benefit all of God’s human creations.” The strategy that underpins Taylor’s prophetic rhetorics that include both words of judgment and salvation is highlighted in his explanation of the function of prophetic words of salvation that are based in the rhetorical strategy of identification:

The word of salvation is that God is a God who liberates human kind from all forces that would undermine their humanity and their human dignity. Equality is found in being created in the image of God. And equality means that all of us are equal in what makes us essentially human. And anything that undermines human dignity is a sin against God. It’s an attack against God (emphasis mine).

Taylor’s statements arguably demonstrate a consciousness in his prophetic rhetorics that social and moral alienation affects both the oppressed and oppressor in very different ways. Through such prophetic rhetorics the dominant Jamaican society is made aware of its vulnerability to fear and moral segregation from PLWHA, and also made aware of the inherent benefit of their denial of a moral question that asks how is their social advantage is tied to the oppression of PLWHA. Nevertheless, it is unclear for this writer as to whether Taylor’s prophetic rhetorics that contain both words of judgment and salvation are strong enough to produce social responsibility and transformation concerning the social status of PLWHA, i.e., social outcasts within the wider

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385 In Hebrew prophetic rhetoric, of which the black religious voice claim to be a direct extension of, “oracle” or prophetic speeches often contained two elements: either judgment speech and/or salvation speeches. For more information, see Christopher House, “Hebrew Prophetic Oratory: A Rhetoric of Confrontation” (M.A. thesis, Syracuse University, 2007) and Claude Westermann, *Prophetic Oracles of Salvation in the Old Testament* (Westminster: John Knox Press, 1991).
culture. Or do such rhetorics simply elicit guilt in the dominant culture that is devoid of transformative social policy and action toward PLWHA?

It is important to state that narrators, like Taylor, who use identification across common ground as a key strategy in their rhetorics do not necessarily preclude the use of dialectic strategies that simultaneously recognize difference in addressing HIV/AIDS. Richard Jenkins explains that “the notion of identity simultaneously establishes two possible relations of comparison between persons or things: similarity on the one hand, and difference on the other.” Therefore, while Taylor seeks to rhetorically create safe spaces for PLWHA through identification on the basis of common ground, I observed how he also uses religious rhetorics that simultaneously create liberating, prophetic, and progressive spaces for PLWHA. Specifically, Taylor’s rhetoric addresses HIV/AIDS as it cuts across difference that places some Jamaicans more vulnerable to infections than others. How HIV disproportionally affects women and children have come into sharp focus in Taylor’s pulpitized rhetorics. As part of Bethel’s HIV/AIDS policy, rhetorics that support gender inequalities are paramount. For example, the church’s official position on the “gender dimensions” of HIV is that it “should be recognized.” The policy goes on to state:

HIV and AIDS should be dealt with from a gender sensitive-point of view in regards to men and women. Women are more likely to become infected and are more often adversely affected by the HIV and AIDS epidemic than men due to their biological, socio-cultural and economic reasons. The greater the gender discrimination in societies and the lower position of women, the more negatively they are affected by HIV and AIDS.

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Consequently, Taylor employs religious warrants and enthymemes as part of his rhetorical practice of the “interpretation of retrieval” that invariably communicates to his audience and society that he suggests “women have had fantastic roles in the Bible.” Such an approach to interpreting and communicating scripture to his female audience members rhetorically place women in the center of biblical analysis, thereby challenging patriarchal discourses that subjugate women and their roles in society. These discourses were never drawn out from scripture; rather, Taylor contends that these were ideologies of male supremacy that were held apart from scripture, and scripture subsequently was then used to endorse those positions. Taylor explains that “philosophically and socially,” Jamaica is a patriarchal society, but in “practice, it’s matrifocal.” Taylor use of the term “matrifocal” is used here to mean that women were often leading the families in Jamaican society. That is, he said, “more single Jamaican women are raising and taking care of children on their own.” Nevertheless, philosophically many of the patriarchal ideological positions and discourses about women, their role in society, including their sexuality have made women more vulnerable to HIV infections.

Arguably, Taylor’s Womanist approach to scriptural interpretation calls for a “re-reading of scripture that is liberating to women.” Due to a historical dearth of such re-readings, “the church has oppressed women for too long,” which is a direct result of, he contends, “reading of scripture through male eyes.” Through his religious rhetorics on HIV/AIDS that bring women to the center of his focus, Taylor then challenges and resists discourses of power and inequality, thereby creating liberating spaces for women and prophetic spaces that further challenge structural issues that exacerbate the vulnerabilities of Jamaican women to HIV/AIDS.
Moreover, Taylor’s rhetoric takes to task traditional views on sexuality, celibacy, and young people, which stand as another example of his practice of providing “ministry in context.” During my visit to the church’s pharmacy, I noticed that condoms were available for those who requested them. Taylor explained how his understanding of “ministry in context” justifies such a practice which he maintains is not in conflict with traditional interpretations of scripture that suggest that any sexual act outside of marriage is ‘sin.’ “My view” he said, “is that celibacy and chastity are ideas in which we instruct people.” Yet, within the same breath, he then said, “but we do recognize the vulnerabilities and frailties of human beings.” Taylor’s recognition of these human vulnerabilities and frailties within his HIV/AIDS rhetorics is salient through his use of dissociation to flesh out his position on personal sexuality, personal faith, and HIV/AIDS. Taylor does not shy away from his position of celibacy and chastity; however, when pitted against the potential life threatening disease, HIV/AIDS,” he advocates that “if you’re going to choose between a lesser and greater evil, then you need to chose the lesser [sex with condom as opposed to sex without a condom resulting in HIV infections].” For young adults, or anyone for that matter, who cannot “practice that kind of discipline,” Taylor’s rhetoric strongly supports the idea that one “should use the condom.” The rhetorical context in which Taylor speaks comes to bear on his pulpitized rhetorics as he acknowledges that he “lives in a country that is orientated toward stimulating sexual things.” He puts forth that there are “more [young adults] hooked into this [sexual activity] than that [abstinence, chastity and celibacy].” Therefore, as part of his ethics courses, Taylor teaches that parents have a responsibility to put their sexually active children, especially teenage daughters, “on the condom or the pill,” given the early age at which Jamaican children begin to experiment with sex.387 Based upon my analyses of oral history

interviews and ethnographic fieldwork at Bethel, I conclude that Taylor’s rhetoric mirrors that of his Caribbean contemporaries in many ways; however, I also argue that it is in Taylor’s rhetorics that focus on HIV/AIDS as it cuts across the marker of sexual orientation where we were introduced to a new rhetorical framework, including strategies, justifications and warrants that were not observed in other rhetorical practices of Caribbean pulpitized rhetorics on HIV/AIDS.

5.2.2 Taylor, LGBTQ, and HIV/AIDS

In the Caribbean overview chapter, several religious narrators were unapologetic in their interpretations of scripture and religious rhetorics on HIV/AIDS that speak to difference across sexual orientation. For example, Bahamian leader Ross Davis’ rhetorics suggest that same-sex attraction is a “choice,” and that by making another choice to practice “heterosexuality,” through conversion therapies is thereby a “better choice.” Analogously, Jamaican pastor Al Miller’s comment reflect that of a majority of religious leaders on same-sex attraction and it is one of which he “makes no apologies that we [Jamaicans] are not accepting of the homosexual lifestyle.” These two excerpts from my Caribbean leaders are largely representative of my African, Caribbean, and— as we will also observe in the next chapter—my black/African-American religious leaders’ standpoint on same-sex attraction and sexual practices.

Taylor, however, presents a radical departure in his religious rhetoric on HIV/AIDS and sexual orientation. First, unlike his fellow clergy members, Taylor’s pulpitized rhetorics on sexuality are framed within a larger discourse on “Christian sex ethics.” Working within the

Christian sex ethic rhetorical framework allows for Taylor to redefine and to destigmatize HIV/AIDS and the perceived continued relationship between HIV/AIDS, gay men, and high prevalence and incidents of HIV infections on the island. The rhetorical shift in hermeneutics that is inclusive of all sexual orientation foregrounds Taylor’s subsequent rhetorics that take up, specifically, LGBTQ issues and HIV/AIDS. For example, Taylor, defines HIV/AIDS “as just another pandemic… another illness that we have, with great reference to lifestyle.” If truly a lifestyle issue, HIV/AIDS, then, is a problem that Christians should engage, because for Taylor, at least, “Christianity is committed with [sic] lifestyle issues.” Therefore, Taylor’s interpretation of his religious, moral, and social responsibility is therefore grounded in Christian sex ethic that centers on lifestyle, i.e., responsible sexual ethics, rather than that which scapegoats a particular sexual identity, i.e., LGBTQ.

One salient thread and common rhetorical strategy utilized by several African and Caribbean leaders are the ‘love-the-sinner-but-hate-the-sin’ rhetorics regarding HIV/AIDS and members of the LGBTQ community. Said another way, in their rhetorics, religious leaders in Africa and the Caribbean stated that their respective HIV/AIDS services, pulpitized rhetorics, and ministries are open to any person regardless of sexual orientation. I conclude that such rhetorical positions are steeped in their use of common-ground rhetorics that argue that all persons are made in the image of God and thus worthy of care. However, to retain membership in these religious communities, for non-heterosexuals, that is, one must, as an act of repentance from a ‘sinful lifestyle,’ no longer practice non-heterosexual sex. As a rhetorical practice, then, some pastors employ pastoral/priestly rhetorics to affirm the humanity of all people, specifically PLWHA, while simultaneously using prophetic rhetorics that call for repentance from proscribed
sex acts, i.e., non-heterosexual sex.\textsuperscript{388} Therefore, as I call them, bifurcation rhetorics, on the one hand, embrace similarity of one’s humanity, but on the other hand do not embrace difference of one’s sexual orientation.

Black religious leaders are not alone in using such rhetorical strategies of identity splitting or bifurcation that ‘love the sinner’ but ‘hate the ‘sin.’ Several scholars have also identified this rhetorical strategy within, for example, the post–Vatican-II Roman Catholic Church. Robert Westerfelhaus concludes from his Burkean pentadic analysis of such splitting or bifurcation rhetorics that the dominant ratio in these strategies is agent: act. In other words, such religious rhetorics embrace the agent (homosexual) on the rhetorical grounds of consubstantiality but also condemn the act (i.e., same-sex behaviors).\textsuperscript{389} However, scholars have found such religiously grounded rhetorics less than satisfying.\textsuperscript{390} Moreover, some scholars reject the supposition that homosexuality is indeed a ‘choice’ that one makes rather than an identity that describes who one is, and, consequently they reject the rhetorical bifurcation that splits one’s orientation and sexual practice.\textsuperscript{391}


Taylor’s rhetoric, nonetheless, he said “drives a wedge between orientation and practice,” but for a somewhat different rhetorical purpose in addressing HIV/AIDS than that for which most religious leaders traditionally use for such bifurcations. Taylor’s framework of Christian sexual ethics challenges religious ideologies of heteronormativity to a significant degree that warrants a closer examination. Before we proceed to discuss Taylor’s rhetoric that deal with HIV/AIDS and sexual orientation, we must keep uppermost in mind that his rhetoric must be contextualized within his larger framework of Christian sex ethics. That is important to consider because within Taylor’s framework of Christian sex ethic, terms like “lifestyle” and “responsibility” function as God terms and terms like “sin,” i.e., the negative function, like devil terms.\[^{392}\] During my interview with Taylor, he was very reluctant to use the label of “sin” to characterize certain sexual practices for unmarried believers. Taylor’s rhetorics, however, promote the “ideas” of “chastity” and “celibacy” while at the same time, as indicated earlier, he continues to recognize “the vulnerabilities and frailties” of humankind. Thus, in his counseling sessions and pulpitized spaces with congregants who struggle with celibacy, occasional acts of sexual intercourse outside of marriage are framed as “lapses” opposed to “sin.” Taylor’s definition of a lapse is instructive: “I would regard a lapse,” he said, as a sexual act that “cuts across your ethic” of responsibility. Taylor’s definition of “lapses” in his pulpitized rhetorics on Christian sex ethics as that which “cuts across sexual ethics” is a departure from the patterned rhetorics of my African and the other Caribbean narrators. In Taylor’s rhetorics, the word ‘sin’ is not used to describe a sexual act that takes place between two believers who are of the same-sex. Taylor rejected the label of ‘sin’ to describe the act in a favor of viewing the act as “irresponsible.” He made it clear that, even in his pastoral response, he makes no distinction between heterosexual or homosexual “lapses” outside the context of marriage. “Like

heterosexual people who lapse from time-to-time, I don’t run them out of the church. I counsel them. I will deal with the lapses . . . but I would indicate my preference.” Taylor’s response to “lapses” echoes and makes salient a rhetorical tension between the ideal of the Christian standard of celibacy/abstinence before marriage and the reality of sexual activity that takes place in Jamaica was heard else where across the Diaspora, specifically among members of the faithful regardless of sexual orientation. This tension then between the permissibility of sexual activity in the communal sense is in tension with the privatistic, Christian community’s standard of celibacy is negotiated by Taylor in a way that does not turn a blind-eye to the sexual acts, in terms of, what he calls a responsible sexual ethic nor does he retreat from the ideal of his biblical conviction of celibacy, or as he said, “preference.” Responsible sex ethics regardless of one’s sexual orientation for Taylor, then, includes condom use and birth control, of which condoms, at least, can reduce the number of HIV infections in Jamaica. The question concerning the justification for Taylor’s rhetorical uses of what are arguably his God terms of “responsibility,” “lapses,” and “lifestyle issues,” rather than the more common devil term of ‘sin’ still remains. Never during my interviews with Taylor, or in my analyses of his written materials, sermons, or during my fieldwork at his ministry did I ever hear the term ‘choice’ used as explanation for same-sex attraction.

With such a term being used so often by religious leaders across the Diaspora, yet noticeably absent from Taylor’s rhetoric, I inquired about the construction of same-sex attraction as a “choice.” Taylor’s answer sharpened my understanding of his justification of the God terms mentioned above. In his answer, Taylor used “choice,” but qualified it. He said, “We don’t think people make themselves homosexual in the true sense of the word.” While he did not speculate as to the origin of same-sex attraction he suggests, “people don’t want to say you’re
born with it because we don’t know. . .; sometimes in life people find themselves at that stage. . .
that kind of way.” How Taylor makes a rhetorical distinction between “genuine homosexual[s]”
and those who are not “genuine homosexual[s]” was crystallized in his bifurcational rhetorics,
which consequently shed light on our understanding of how choice functions within his
rhetorical message on HIV/AIDS, albeit in a new way.

Taylor argues that, especially within religious circles, a distinction between one’s
orientation and one’s sexual practices must be made for practical, rhetorical, and ideological
purposes. He explain the necessity of his rhetorical bifurcation strategy as such:

If I look at you and say you’re a homosexual, they [i.e., the church] think
practice but not sexual orientation. Some distinction must be made
between practice and orientation. I am not making a comment about your
sexual orientation but about practice. Make the distinction when you talk.
You don’t curse a person for being heterosexual. When you say one is
heterosexual, you don’t assume that that person is having sex outside of
marriage. But when you say homosexual, it has become totally identified
with sexual practice rather than sexual orientation, and I do think it is
unfair to those persons who are homosexual. . . . I think you have a lot of
celibate homosexuals. Homosexuality has become identified with practice
rather than orientation.

In Taylor’s rhetorics, “choice” then “is at the base of practice rather than finding yourself
inclined toward that same-sex relationship.” For a “genuine homosexual,” that is, “a person who
[is] just disposed more toward same sex than other sex,” he further argued that “it [same-sex attraction] is not a choice that one can make.” Therefore, Taylor’s rhetorical bifurcation of orientation and practice makes possible the ideological and hermeneutic shift from same-sex sexual acts as being constructed as ‘sin,’ as in most of his fellow clergy members rhetorics but are rather framed in Taylor’s rhetorics as “lapses that cut across one’s sex ethic.” Through such rhetorical maneuvers, Taylor altogether destigmatizes same-sex attraction, orientation, and HIV/AIDS.

Through his priestly/pastoral rhetorics, Taylor affirms individuals with same-sex attractions. For example, in his sermons, counseling session, and writings, Taylor said, “I can’t condemn somebody [because] herself or himself is inclined toward same-sex. What I would caution, as I would caution anybody else, is about sexual practice in terms of relationships and in terms of commitment, but there would be no condemnation.” Taylor then replaces condemnation with affirmation for persons with “genuine” same-sex attraction. In his pulpitized rhetorics when he is speaking to persons with same-sex attraction who have acquired HIV, affirmation is clearly seen, for example as he said, “I would want such persons to accept themselves as they are in terms of orientation . . . and to live with a responsible sex ethic.” Moreover, Taylor’s priestly pulpitized rhetorics reject any conceptualizations, notions, and articulations of the homosexual as the ‘other’ or as a deviance from heterosexuality. Through an analogy steeped in Jamaican culture, we best see his priestly rhetoric at work: “I don’t see a mango with every single mango being beautiful of the same kind and homogenous,” then analogously he said, “and I think that human life has these variances--not deviance, variance.” Again, Taylor’s priestly rhetoric uses the term “variance” opposed to “deviance” to conceptualize same-sex attraction as the analogy
holds a variance of mangos hanging on the tree of human sexual orientation. His use of variance, he adds, is defined by “what the majority norm” is.

Therefore, Taylor refuses to call “a homosexual,” or as he qualifies it, “a genuine homosexual a deviance.” He again makes another distinction between a genuine homosexual and others who engage in homosexual sex acts for reasons other than out of a genuine same sex attraction. For example, a genuine homosexual is “one who has not become so because somebody has paid you.” Taylor used for an example seeing, such as I did during my fieldwork in Jamaica, a poor “windshield wiper who engages in same-sex acts.” The following scenario was painted by Taylor: “a little man drives up in the night and offers them [windshield wipers] some Kentucky [Fried Chicken] and so on” in exchange for same sex sexual favors. Of the windshield wiper, as one who is thus acting out of his economic need rather than a same sex attraction, Taylor concludes, “I don’t see him as a [genuine] homosexual.”

Taylor’s rhetorics that affirm persons with same-sex attraction do not carry on the back of them the need for acts of repentance referred to in scholarship as “conversation therapies,” e.g., acts of prayer, that seek to change a homosexual to heterosexuality, as is the case, for example, of Bahamian pastor Davis, and also as we will later discover are present in some African American religious rhetorics. The belief in of healing for non-heterosexuals shared by the vast majority of narrators in this study, nonetheless, takes on a different meaning for Taylor. In other words, in my other narrators’ rhetorics, the idea of “healing” of one’s sexual orientation, i.e., non-heterosexual orientation, meant that post-healing, those who once experienced non-heterosexual orientations would begin to experience heterosexual attractions. Healing, however, for one with a same-sex attraction means something radically different in Taylor’s rhetoric.

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In full disclosure, if someone who has experienced same-sex attraction wants prayer to engage in “conversion therapies,” to experience other-sex attraction, Taylor said, “I would pray with someone who wishes for that kind of thing.” However, he says he is unaware of anyone who has been “transformed” in that way; nevertheless, he cannot say that such transformations cannot or do not happened. “Only God can say that,” he maintained, “I can’t rule it out.” Taylor’s rhetoric, however, is steeped in desires and prayers for healing of persons with same-sex attraction that do not require, what he views as, internalized oppression that is manifested in “to say I wish I was other than I was.” In other words, healing in Taylor’s rhetoric “is not about becoming like your vision of the normal,” i.e., a heterosexual. Through his rhetorics of healing, he challenges sexual orientation hierarchies that lend themselves to the maintenance of heteronormativity and heterosexism, which, as we will see momentarily, carry strong implications within the context of HIV/AIDS. Taylor shared as an example a narrative of healing contained in his priestly rhetorics that argue that what he understands to be genuine and authentic healing is not becoming like the others, i.e., heterosexuals. He claims that healing then is more about the discomfort or the unwillingness of those who are a part of the “norm to embrace” those who are not members of the majority, or are “variances” of the norm. By way of another analogy, he shares how his conceptualization and rhetoric of healing might sound to those whom he ministers to:

There are several people in my lifetime who are paraplegic and who have not gotten out of the wheelchair, but God has healed them. They don’t feel deficient. They don’t feel inferior. They don’t feel less than because God has healed them.
But there are people who have what they call “normality” who want everybody to be like them and can’t deal with the other.

Thus, for leaders like Taylor, healing is more about acceptance of oneself “as you are [homosexual] in the will and purpose of God and to begin think that you have the potential to do God’s will like anybody else.” So far, we have seen how Taylor’s rhetoric of bifurcation and his strategic use of such God terms as “lifestyle,” “lapses,” and “responsibility” function within his framework of Christian sex ethics, which arguably create a liberating space for persons of same-sex attraction within a broader discussion of HIV/AIDS as it cuts across sexual orientation. In other rhetorics, Taylor creates a liberating space for LGBTQ persons who are also infected with HIV/AIDS to experience “healing” within the larger safe, progressive, and prophetic spaces of the church. In creating liberating spaces for GLBTQ persons that affirm one’s sexual orientation, Taylor’s rhetorics invariably aim to aid in reducing risky sexual behavior for many non-heterosexuals that is associated with HIV/AIDS because of the vicious nature of a closeted life. In other words, rather than being forced to live closeted lives, LGBTQ congregants see their personhood and spirituality encouraged and validated in Taylor’s rhetoric, which then fosters spaces of sexual emancipation through disclosure without any notions of condemnation or repentance. Scholars have identified a “don’t- ask-don’t-tell” type strategy that is replete in religious rhetoric that addresses HIV/AIDS. Such rhetorics, they claim, are more concerned with meeting PLWHA physical needs while ignoring “the emotional and psychological issues that are most salient to them” (i.e., LBTQ persons).394 These ignored issues that are directly related to the

sexual experiences by which one is infected are the very things that have “drawn [LGBTQ] persons to the church because they want to talk about how they acquired HIV/AIDS.”

Moreover, Taylor’s rhetoric help to create a liberating space to speak about sexuality and HIV/AIDS, that, unlike that of many narrators interviewed in Africa and the US, does not circumvent questions that require additional conversations concerning how one was infected with HIV, i.e., same-sex sexual acts.

As discussed earlier, Taylor’s pulpitized rhetorics include prophetic rhetorics that are directed toward changing “structures and institutions” that perpetuate power imbalances. In one of my interviews, the intersection of sexual orientation and public policy came into focus insofar as Taylor’s prophetic rhetorics objected to the legitimacy of sodomy laws that are still on the books in Jamaica. Whereas his priestly rhetorics are used to affirm the personhood, sexual orientation, and spirituality of LGBTQ persons, in his prophetic rhetorics directed toward the Jamaican government, Taylor said, “I don’t think they [the government] should criminalize somebody who has an orientation and is acting it out in a responsible way.” He added, “I don’t think there should be a law where if two consenting homosexuals decided that they should get together that they should be locked up.” What is interesting to note is that whereas Taylor did not use moral language to characterize same-sex sex as ‘sin’ or ‘abomination,’ he did, however, when speaking about the sodomy law say, “I think it is wicked to lock up two consenting adults” (emphasis mine). From this statement, we can conclude that Taylor’s HIV/AIDS rhetorics function through pulpitized acts of resistance that contain strong elements of priestly and

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prophetic rhetorics that help to create safe, prophetic, progressive, and liberating spaces for LGBTQ as PLWHA. Nevertheless, Dennis Mumby’s analysis of such rhetorical acts of resistance carrying the possibility of being “simultaneously resistant and consensual, uniting and dividing, radical and conservative” held true during my further analysis of Taylor’s rhetoric.  

5.2.2.1 Taylor, LGBTQ, and Conservative Rhetorics

While Taylor’s priestly and prophetic rhetorics functioned in the realm of radical resistance for LGBTQ persons, in general, and PLWHA, specifically, they also contained what some would arguably consider conservative elements concerning LGBTQ persons and their sexualities that have strong implications for HIV/AIDS. Even as Taylor stated that he would throw his rhetorical weight and social influence behind legislation that would “decriminalize homosexuality” in his country “between consenting adults,” he quickly followed, “it does not mean that I am saying two homosexuals should marry.” Nor does Taylor, who views marriage as a sacred “vocation,” believe that every heterosexual is “meant to be married.” He explains:

I just can’t get to the point where I think male and male or woman and woman should marry because of my outlook of what I believe marriage ought to be and neither do I believe all heterosexuals ought to marry because I think marriage is a calling…. It’s a vocation.

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Nevertheless, Taylor’s rhetorics define marriage as that which is between a man and a woman. However, while he does believe that homosexuals can have “deep relationships as good friends,” he does not “know if” same-sex marriage can “fit” within his understanding of one key purpose of marriage. In his own words:

I believe that there can be interaction between people without tipping over the line, and without going into that [sex and marriage], which I believe is more for complementarily, reciprocity in terms of differentiation of sex and sexuality. Male and female were made in differentiation in equality but for the complementarily relationship. I do not see male-male doing that in terms of sexuality.

In other words, Taylor’s rhetoric of Christian sex ethics preaches that persons with same-sex attraction should practice a responsible sex ethic rather than practicing sexual intercourse in marriage. To address ambiguity, Taylor, clarifies, “when I say they have to be responsible in their sexuality, I would think they would have to choose celibacy.” Celibacy, then, is to be understood as being sexually responsible, for LGBTQ persons, “because they are not the majority,” he states. If LGBTQ persons “lapse” as they try to lead celibate lives, Taylor said he would “treat it like anybody else.” However, Taylor acknowledged that his church would hire a person who is “homosexual in orientation” but “not practicing [same-sex intercourse].” In such cases, Taylor would “counsel them in sexual ethics.”

Based upon this statement, we can recognize how the dialectical poles of accommodation and resistance are woven through out Taylor’s rhetorics on HIV/AIDS to varying degrees.
Whereas he does create safe, liberating, and prophetic spaces across issues of sex, sexual orientation, and gender, Taylor preaches a message of celibacy for both heterosexuals and non-heterosexuals as part of his larger Christian sex ethic rhetoric. However, before concluding this chapter I think it is important to highlight a very telling statement that he made concerning marriage. He said, “I am not terribly sure that I am comfortable with the concept of marriage.” One important part of Taylor’s rhetorical framework of Christian sex ethic that is worth examining further is his strong pulpitized rhetoric on the sexual and physical aspect of intercourse.

Within his rhetorics of sexual intercourse, Taylor warns against any discourse that frames “sex [solely] as physical expression [that is] an abstraction enjoyed in its own context where[as] it ought to be meaningful.” Then addressing the consequences of such abstractions, he said, “this is why it is damaging in the sense that you are enjoying something out of a context to which it really belongs.” Meaningful sex then is found within a framework of “accountability,” “security,” “mutuality,” and “mutual respect of persons” that defines the “quality” of the relationship that sexual intercourse should be enjoyed within, Taylor posits. Upon that premise, as part of his sex ethic, he preaches to his audience that getting married cannot simply be for the purpose of sex. “Getting married [for sex],” he said, “just don’t [sic] make sense to me because marriage just cannot be a license for sex.” Analogously, he went on, “and it is also true of the church, which says, you shouldn’t have sexual relationships because there is a chance of getting pregnant or getting HIV, that is not enough because you can protect yourself, but a sexual relationship demands much, much more than that.” Moreover, if it is the quality of a relationship that Taylor believes sexual intercourse should be experienced within, he also suggests then, that such quality could possibly be found outside the context of marriage.
This raises the question then what are we to make of Taylor’s concluding thought, “I am not too sure that marriage means that you must go before a pastor; it’s the quality of your relationship,” in light of his conservative rhetorics that suggest that marriage is reserved for some heterosexuals. On the face of it, it seems that Taylor’s Christian sex ethic rhetoric that stresses “the quality” of a relationship above a mere license “for sex,” seems to undermine his rhetorics of marriage. On the one hand, Taylor’s priestly rhetorics affirm non-heterosexual orientation, personhood, and spirituality, while also prophetically they challenge “wicked” sodomy laws against “consenting adults.” On the other hand, Taylor’s conservative rhetorics frame “celibacy” as the “responsible” choice for non-heterosexuals. It remains unclear, how Taylor’s rhetoric reconciles these two seemingly contradictory positions when if two persons with same-sex attraction argue that their relationships is complete with the characteristics of “accountability,” “security,” “mutuality,” and “mutual respect of persons” that defines the “quality” of relationships within which, Taylor purports, that sexual intercourse should be enjoyed. Pressed further, marriage then becomes inconsequential for both heterosexuals and non-heterosexuals when those attributes are present in such relationships that align with Taylor’s rhetorical visions of Christian sex ethics and marriage. Admittedly, Taylor’s pulpitized rhetorics on HIV/AIDS consist of both radical (resistance) and conservative (accommodation) rhetorical strands. Yet, it is also unclear if and how Taylor’s pulpitized HIV/AIDS priestly and prophetic rhetorics and rhetorics of Christian sex ethics inadvertently reproduce religious spaces that reinforce heteronormativity, heterosexism, and open-closeted lifestyles that affirm one’s sexual orientation but essentially restrict non-sexual practice to occasional “lapses” and celibacy. Arguably is not it the case that the open-closeted lifestyle can likewise produce similar emotional and
psychological damage that also results in higher HIV infections due to risky sexual behavior among persons with non-heterosexual orientations.
6.0 THE UNITED STATES OF AMERICA

“I needed clothes and you clothed me, I was sick and you looked after me. . .”

---Matthew 25:36

In this chapter, I turn our attention to pulpitized rhetorics of leaders of African descent within a Black U.S. As in previous chapters, I first present background information concerning the origin of the African American Church or the “Black Church,” followed by a brief historical reconstruction of African American leaders’ responses to HIV/AIDS within their communities. Next, in discussing information on African American theologies and theories of cultural hermeneutics, I seek to provide a framework by which to contextualize important interpretative strategies and standpoints that inform the rhetorics found within my interviews with key Black religious leaders.

The balance of this chapter, African American theologies concerning HIV/AIDS, focuses on key rhetorical strands of religious communication about the disease recorded and analyzed via oral history interviews and critical ethnographic observations within a US context. For the sake of consistency, my narrators’ discussion of HIV/AIDS is framed within my working conceptualization of safe, prophetic, progressive and liberating space. In this section, my
Narrators’ rhetorics address themes such as medical racism, homophobia, human sexuality, sexism, and heterosexism. This chapter includes the voices of prominent Black clergy members, including Joseph Garlington, PhD, senior pastor Covenant Church of Pittsburgh; Marvin McMickle, PhD, president of Colgate Rochester Crozer Divinity School, Rochester, New York; Frank Tucker, senior pastor, First Baptist Church, Washington, D.C; James Cherry, D.D, senior pastor, Aenon Baptist Church, Rochester, New York; and Alfred Owens, D. Min, senior pastor of Greater Mount Calvary Holy Church, and Ms. Katitia Pitts, Executive Director, Calvary Health Care, both in Washington, D.C. Additionally, this section also include excerpts from Dr. Pierre Vigilance, Director of Public Health, Washington, D.C.

6.1 HIV/AIDS AND THE BLACK CHURCH

In July 1981, a CDC-sponsored issue of Morbidity and Mortality Weekly (MMWR) described several cases of rare lung infections in five young white gay men, who were at one point very healthy individuals. The report went on to indicate that these men also suffered from several other infections indicative of a compromised and weakened immune system. By the time the report was published two of the five men had already died. This MMWR issue stands as the first “official reporting” of what thereafter became known as the disease of HIV/AIDS. By year’s end, over 270 HIV/AIDS-related cases of severe immune deficiency among gay men were reported from across the country. Consequently, white, gay men became the face of this disease. By 1982, estimated tens of thousands were infected with the disease, including infants from
blood transfusions. In 1991, over 45,000 people in the United States were diagnosed with AIDS. Of the 45,000 individuals diagnosed with the disease over “(52.7%) were attributable to human immunodeficiency virus (HIV) transmission among homosexual/bisexual men.” Even with such high numbers of AIDS cases in the gay community, I draw attention to the fact that the 1990s ushered in a marked change of the face of HIV/AIDS in the United States as African Americans, specifically, African American women were disproportionally diagnosed with HIV and AIDS, as they made up 63 percent of all AIDS cases among women in the U.S. Furthermore, the CDC found that out of HIV/AIDS diagnoses reported from January 1996 to June 1999, African Americans now represented over 50 percent of all AIDS diagnoses and 57 percent of all HIV diagnoses. With the new millennium, further support was lent to the claim that African Americans were quickly becoming the new face of HIV/AIDS, when the CDC reported that 65 percent of all AIDS cases reported among youth were African American.

In 2005, the CDC observed, “of all racial and ethnic groups in the United States, HIV and AIDS have hit African-Americans the hardest.” The reasons, they explain, “are not directly related to race or ethnicity, but rather to some of the barriers faced by many African-Americans,” including poverty, sexually transmitted diseases, and “stigma (negative attitudes, beliefs, and actions directed at people living with HIV/AIDS or directed at people who do things that might put them at risk for HIV).” The CDC further notes that, “even though blacks (including African-Americans) account for about 13% of the US population, they account for about half (49%) of

398 http://www.cdc.gov/mmwr/preview/mmwrhtml/00017102.htm
the people who get HIV and AIDS.” Most recently, in shocking study based upon HIV surveillance data, vital statistics data on general and HIV-specific mortality, and U.S. census data from 2007, a CDC report released on October 15, 2010 now places the estimated lifetime risk for HIV diagnosis for African-Americans at 1 in 22.

Unfortunately, akin to cases in African and Caribbean countries, the high rates of HIV/AIDS in the black community was believed to have contributed to the slow response of the that community specifically as the disease cuts across taboo topics of sexuality and drug use. Simply put, topics that cut across the issues of sexuality presented a particularly difficult challenge for black communities, specifically, for black religious leaders. Traditionally Black churches have occupied a central place within African-American experience and historically have been the most influential institutions within Black communities. The silence, then, from the religious leaders on the issue of HIV/AIDS stands in stark contrast to this historical witness of the black church in leading the way addressing barriers of injustice, inequality, discrimination, and racism against minorities; black religious leaders have had a constant presence within the struggle for improving conditions surrounding African-American life and experience.

As scholarship confirms, “Black” churches first came into existence in direct response to racist ideology and Eurocentric interpretations of scriptures that marginalized Black life and experience, further placing us at the periphery of biblical thought.\textsuperscript{405} This ideology permeated religious spaces of worship in which African-Americans were denied opportunities to function within ecclesiastical leadership roles. Consequently, and as an act of resistance, African-Americans departed from these spaces dominated by white “religious” leadership and formed seven Black American Protestant denominations, with their roots of origin tracing back to slavery and the emancipation. Perhaps, the most distinguishing characteristic of these churches is that historically all seven denominations have been guided solely by black leaders.\textsuperscript{406} Thus, scholars have referred to these seven Black denominations as “the Black Church.”\textsuperscript{407} For the purpose of this study, I, in part, draw on this definition when I refer to “the Black Church” and also seek to expand that definition to include other, often less historically institutionalized churches that are led by pastors of African descent whose congregations are predominantly made up of Black/African American worshippers. Moreover, following the lead of others, I do not wish to primarily focus on arguing for a particular definition of the Black Church, rather I wish to direct our attention to the social and spiritual meaning that the Black church holds for African American people and communities.\textsuperscript{408}

\textsuperscript{406} C. Eric Lincoln and Lawrence H. Mamiya, The Black Church in the African-American Experience (Durham, NC: Duke University Press, 2003), 76-91; the seven denominations mentioned are: African Methodist Episcopal; African Methodist Episcopal Zion; Christian Methodist Episcopal; National Baptist Convention; Nation Baptist Convention of America; Progressive National Baptist Convention; and the Church of God in Christ.
\textsuperscript{408} Angelique C. Harris, “AIDS, Sexuality and the Black Church: Making the Wounded Whole, (New York; Peter Lang Publishers): 41-181.
As a counterpublic\textsuperscript{409} and countercultural\textsuperscript{410} institution, the Black church functioned as a “school, a bank, a benevolent society, a political organization, a party hall and a spiritual base.”\textsuperscript{411} As in other important moments in the early development of black history in the U.S., such as during the civil rights era, it was the black preacher who played a central role in the freedom struggle and who continues to do so in contemporary times. Viewed as more than just a ‘man’ or ‘woman’ of God, the Black preacher functioned within African-American communities as “a teacher, preacher, politician and more recently a change agent for health.”\textsuperscript{412}

From a survey of literature on the unique relationship that religion and spirituality has in the life of black Americans, Angelique Harris argues that religion has and continues to play a “major role” in the lives of “most Blacks.”\textsuperscript{413} Therefore, given their unparalleled local network, black churches are positioned well to reach masses and play a crucial role in HIV awareness, education, and prevention.\textsuperscript{414} Even as the Black church was and remains arguably the most influential institution within the black community, it was hesitant, indeed, reluctant to address the issues of HIV/AIDS. The hesitation, Harris maintains, “illustrated the social aspects of the disease.”\textsuperscript{415} This is to say that the Black church in tandem with other religious social institutions

\textsuperscript{409} By Black counterpublic, I draw on Michael Dawson’s definition of a black counterpublic being “a discursive site for debate . . . that interacts with other spheres within American society” that was needed because for most of American political and religious history, “blacks were excluded from the ‘‘American’’ bourgeois public sphere.” Michael C. Dawson, \textit{Black Visions: The Roots of Contemporary African-American Political Ideologies} (Chicago: University Of Chicago Press, 2003), 23, 24.

\textsuperscript{410} Christopher Gair, \textit{The American Counterculture} (Edinburgh: Edinburgh University Press, 2007).

\textsuperscript{411} Mary Pattillo-McCoy, “Church Culture as a Strategy of Action in the Black Community,” \textit{American Sociological Review} 63, no.6 (1998): 769.


\textsuperscript{413} Angelique Harris, “AIDS & Sexuality,” 5 For additional examples see, Andrew Billingsley and Cleopatra Howard Caldwell, “The Church, the Family, and the School in the African American Community,” \textit{Journal of Negro Education} 60.3 (1991): 427-40.


\textsuperscript{415} Harris, “AIDS,Sexuality,” 6.

During the 1980s and 1990s, HIV and AIDS was defined and framed in public consciousness as a “gay disease” by the media and public health institutions. Consequently, social identity categories of “risk/no risk” and “increased risk/limited risk” groups were used to stigmatize PLWHA.\footnote{Michelle Beadle-Holder, “Black Churches”; Jennifer Brier, \textit{Infectious Ideas: U.S. Political Responses to the AIDS Crisis} (Chapel Hill: University of North Carolina Press, 2009); Deborah. B. Gould, \textit{Moving Politics: Emotions and ACT UP’S Fights against AIDS} (Chicago: University of Chicago Press, 2009).} Scholars have put forth that the slow responses of religious leaders in addressing HIV/AIDS was due, first and foremost, to the fact that HIV/AIDS in American was first documented among members of the white, gay community. The virus that carries HIV/AIDS was then sexualized as a “gay disease” and thus was not within the purview of religious concerns as the Black faithful were thought not to be a part of the gay community.\footnote{Loretta Sweet Jemmot, John Jemmott and M. Katherine Hutchinson, “HIV/AIDS” in \textit{Health Issues in The Black Community}, ed. Ronald Braithwaite and Sandra Taylor (San Francisco: Jossey-Bass Publisher), 309; Ward “Homophobia.”} Subsequently, Black ministers did not consider HIV/AIDS as a threat to their religious communities.\footnote{For example, see Isaiah Crawford, Kevin Allision, W. LaVome Robinson,Donna Hughes, and Maria Samaryk, “Attitudes of African-American Baptist Ministers Towards AIDS,” \textit{Journal of Community Psychology} 20 (October 1992): 304-308.} While many different explanations and theories were put forth as to what triggered the delayed response of religious leaders, homophobia was one of the most “significant factors crippling the willingness of the black church to respond positively to AIDS.”\footnote{Elijah G. Ward, “Homophobia, Hypermasculinity and the US Black Church,” \textit{Culture, Health and Sexuality} 7, no. 5 (September–October 2005): 500. For additional examples, see Cathy Cohen, \textit{Boundaries}; Fillilove and Fillilove, “Stigma”; Nathan Linsk and Stephen Warner, “He Listens and Never Gossips:” Spiritual Coping Without Church Support Among Older, predominantly African-American Caregivers of Persons with HIV,” \textit{Review of Religious Research} 40 (1999): 230-43.} As a
Bible-centric community, many Black pastors initially responded to HIV/AIDS based upon their biblical analysis, interpretations of scripture, and perceived link between HIV/AIDS, immorality, and homosexuality. Based upon this understanding of the relationship between biblical interpretation and religion, McMickle rhetorically asks, “what else can the church do about what is perceived as ‘sinful behavior’ other than call the sinners to repentance?” Thus, early religious rhetorics from African American preachers often demonized certain individuals, i.e., prostitutes, intravenous drug users, members of the LGBTQ community who were infected with HIV, and certain sexual practices, i.e., same-sex sexual practices.

A vast number of quantitative and qualitative studies across several disciplines have been done on the feasibility, effectiveness, and perspectives of faith-based organizations and Black religious leaders who are addressing HIV/AIDS across the U.S. Such studies largely examine HIV/AIDS ministries in churches, but they, including even studies by communication scholars, pay scant attention to the responses of black religious leaders in terms of their rhetorical approaches.

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422 Ibid., 57.
approaches, strategies, warrants, and words used in their religious rhetorics in addressing the
issue.\textsuperscript{424} This research project is an attempt to fill gaps in scholarship in that my narrators’
responses help to shed insight into the rhetorical dimensions of religiously grounded HIV/AIDS
pulpitized rhetorics used in African-American contexts.

\section{6.2 AFRICAN AMERICAN THEOLOGIES AND CULTURAL HERMENEUTICS}

It is beyond the scope of this project to present an exhaustive presentation of every
iteration of African American theologies and cultural hermeneutics in the literature. Nonetheless,
here I direct our attention to the most relevant and influential interpretative strategies and ways
of knowing used by my U.S. narrators, as they struggle to make sense of the presence and impact
of HIV/AIDS in the African American community. In other words, epidemiological, biomedical
and various other medical and statistical claims, ways of understanding, and addressing the
issues of HIV/AIDS have not been the strongest source of motivation to persuade black pastor to
join in the fight against HIV/AIDS. Unequivocally, Rev. Marvin McMickle maintains that first
and foremost “a biblically based argument must be set forth that provides both the motivation
and methodology for black church’s involvement…any attempt to get the black church—as a
people of faith who are informed by teaching of scripture—engaged with any social or political
issues must be undergirded by a biblical rational.”\textsuperscript{425} Therefore, examining the theological
orientations and interpretative standpoints that shape and inform their rhetorics is critically

\textsuperscript{424} Robert E. Beckley and Jerome R. Koch, \textit{The Continuing Challenge of Aids: Clergy Responses to Patients,
Friends, and Families} (Westport, Conn.: Auburn House, 2002).
\textsuperscript{425} McMickle, \textit{A Time to Speak}, xiii, 65.
important and cannot be overlooked. These will then subsequently lead to a greater understanding of how religious leaders make meaning of scripture, in a way that informs their religious warrants, rhetorical justifications, and conclusions functioning in the rhetorics.

Perhaps no other theological standpoint has been as influential to varying degrees in shaping the modern theological minds of several of my narrators as the work of Black Liberation theology. Two works, in particular, were seminal to the later development of Black liberation theology. Howard Thurman’s *Jesus and Disinherited* and Albert Cleage’s *The Black Messiah* were the first major religious works to place the political and social alienation of poor and Black people at the center of Christ’s theological and political agenda. James Cone, a watershed figure in homiletic theory, is the first theologian to give formal and systematic treatment of black religion in his presentation of Black Liberation Theology. In his foundational work *A Black Theology of Liberation*, he argues that Christian theology is first and foremost a theology of liberation and thus licenses “a rational study of the being of God in the world in light of the existential situation of an oppressed community, relating the forces of liberation to the essence of the gospel, which is Jesus Christ.” The oppressed group for which he is writing about is black people living in America. Cone was not without critics, however, in that another important theological standpoint and method of interpretation, Feminist liberation theology, developed as

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427 A radical brand of liberation theology took place in Latin American within the Catholic Church. Specifically, the movement and theology wanted to view society through the eyes of the power so much so that throughout Latin American priest and nuns began to live in poor neighborhoods to engage in work for social justice at the grassroots level and also to identify with the poor. For more information see, David Close, *Latin American Politics* (Toronto: University of Toronto Press, 2009), 63, 64; James Schall, *Liberation Theology in Latin America* (San Francisco, CA: Ignatius Press, 1982).
428 This statement should not be taken to mean suggest that a “theology of liberation” is an original idea of Cones. The first published work that included the concept of “theology of liberation” was by a Presbyterian Brazilian theologian, Rubem A. Alves, *A Theology of Hope* (Washington, D.C.: Corpus, 1969). Cones’s book on liberation theology appeared about the same time as Gustavo Gutierrez’s original edition of *A Theology of Liberation: History, Politics, and Salvation*, trans. and ed. Sister Caridad Inda and John Eagleson (Maryknoll, N.Y.: Orbis Books, 1973). Cone, however, is the first to address liberation theology and the African American.
part of larger feminist movements in the U.S. and also in direct response to the invisibility of issues of gender in theological discussions.\(^{430}\)

Karen Seat succinctly speaks to the agenda of feminist liberation theology as that that “seek to articulate a vision of God, scripture, and community that speaks to women’s struggle for justice and redemption in a world where their full humanity is often denied.”\(^{431}\) Early feminist theologians such as Rosemary Radford Ruether, Letty Russell, and Phyllis Trible helped to challenge traditional views about women as they contested prevailing sexist discourses that marginalized and subjugated women in religious communities and in readings of sacred texts.\(^{432}\) African American theologians, however, have argued that sexism profoundly affects women differently depending upon their racial and class differences. Consequently, Womanist theology was born with particularly commitments to the issues that affect African American women, as there exists a relationship between African American women’s experiences of patriarchy and sexism and the realities of racism and classism.\(^{433}\) Furthermore, Feminist/Womanist theologians claimed that Cone renders African American women invisible in discussions of liberation theology through sexist and gender-specific language.\(^{434}\) Feminist/Womanist theology sought to


\(^{433}\) Seat, “Feminist Theology,” 257.


In addition to Black liberation, Feminist, and Womanist theologies, dialogue about Lesbian and Gay liberation theologies being another important hermeneutical standpoints was observed in key excerpts. Derrick Sherwin Baileys’ book \textit{Homosexuality and the Western Christian Tradition} and Robert Wood’s \textit{Christ and the Homosexual}, were two key works that shaped the trajectory of future Lesbian and Gay theologies that challenged the contradictions “lesbians and gay men experience between their lived experience, embodied experience as a fully human person and the teaching and practices of both the church and society” that deny their full humanity.\footnote{Daniel T. Spencer, “Lesbian and Gay Theologies,” in \textit{U.S. Theologies of Liberation}, ed. Miguel A. De La Torre (St. Louis: Chalice Press, 2004): 269; Derrick Sherwin Bailey, \textit{Homosexuality and the Western Christian Tradition} (London: Longmans, Green, 1955); Robert Wood, \textit{Christ and the Homosexual} (New York: Vantage World Press, 1992).} Beginning in the 1960s and 1970s, Gay and Lesbian theologies took more of an apologetic stance, i.e., an interpretative posture that fought for the full inclusion of LGBTQ members into the “homophobic” and “heterosexist” church. The 1980s marked a radically different posture for Gay and Lesbian theologies, one that moved away from an apologetic rhetorical stance in favor of a liberation theology framework that challenges the very structural foundations of religious institutions. Carter Heyward’s \textit{Our Passion for Justice: Images of Power, Sexuality and Liberation} caused a shift in gay and lesbian discourses that lead to critiques
of Christian institutions rather than advocating for full inclusion of gay and lesbian members into the life of the church.\textsuperscript{437}

J. Michael Clark’s book, \textit{A Place to Start: Toward an Unapologetic Gay Liberation Theology}, is important to mention within our discussion of HIV/AIDS rhetorics in that he introduces us to a very important way of understanding theology for gay and lesbian theologians. Clark’s work marked a significant departure with earlier theologies that sought to reconcile LGBTQ experiences with the Bible and Christian tradition.\textsuperscript{438} In an unprecedented move, the gay-male experience then became another source of authority “to critique the homophobic, heterosexist, and sexist dimensions of the Bible and the tradition as not authoritative for theology.”\textsuperscript{439} Spencer notes that gay and lesbian theologies are situated in “particular locations and struggles,” of which he names, “activism around AIDS and HIV issues… confronting church denominations and religious communities on their exclusive and oppressive practices.”\textsuperscript{440} In my interviews, two US narrators indicated that their rhetorics were explicitly informed by diverse Gay and Lesbian theologies produced since the 1980s, as they minister on HIV/AIDS across sexual orientation, race, class, and gender.

The 1990s marked a revolution in biblical interpretation of a significant proportion akin to that of the Protestant Reformation. Increasing numbers of contemporary interpreters challenged hegemonic “European spirituality” and biblical interpretations “designed to ‘civilize’

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\textsuperscript{438} J. Michael Clark, \textit{A Place to Start: Toward an Unapologetic Gay Liberation Theology} (Dallas: Monument Press, 1989).
\textsuperscript{439} Spencer, “Lesbian and Gay Theologies,” 270.
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pagan cultures and preserve cultural domination.” Contemporary challengers of such hegemonic approaches to scriptural interpretation used the ancient biblical texts not as “tools of oppression” but rather as “divine promptings for human liberation.” Consequently, the impetus of human liberation gave rise to a theological standpoint that “reopened an almost forgotten vision of racial and ethnic pluralism and reconciliation that dates back to events that culminated in the first century.”

Reconciliation functions as a both a theological term and theological framework in a broad spectrum of Protestant circles. As a theological framework, i.e., one example of cultural hermeneutics of the Bible interpretation, ethnically, and racially diverse theologians, scholars and practitioners have drawn on biblical models, claims and models of reconciliation to address cultural, racial, social, religious, and other historical instances of alienation and cultural hegemony as it cuts across difference. Thus, this new framework and language of interpretation stood in opposition to the alienation and social divisions precipitated by Eurocentric interpretations of scripture, socialization, cultural, and racial hegemony. That is to say, the process of cultural and racial hegemony evident in biblical interpretations, i.e., the bible has been interpreted by main line Biblical scholars (overwhelmingly white males) to privilege everything Eurocentric and demonize anything of non-Western culture.

Moreover, reconciliation theologies speak to intersections of difference from a theological standpoint. Said another way, drawing on biblical examples and passages of cultural, gendered, sexist, racialized and class conflicts, for example, several theologians have inferred principles by which to embrace the intersection of difference within the world and

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442 Ibid., xvii-xxi.
Christianity, while at the same time acknowledging a shared common ground of humanity through a common faith. While a historical reconstruction of reconciliation as a theology in addressing various forms of alienation and separation across difference is difficult to do, there are several key works that serve as foundational texts for this theological standpoint for addressing difference and diversity from a biblical perspective. Maintaining that liberation theology alone was not sufficient to address the problematic interpretations and implications of Eurocentric and oppressive religious practices toward Black life, experience, and well-being, J. Deotis Roberts introduced another religious standpoint to bridge rhetorical and material divisions within Christianity: reconciliation. Arguably, however, one of the most foundational texts in shaping the modern minds of reconciliation theologians is Howard Thurman’s text *Disciplines of the Spirit.* In this influential work, Thurman is one of the first theologians of color to speak of reconciliation as a one five major spiritual disciplines. Reconciliation as spiritual discipline seeks to “explore man’s [sic] elemental grounding in unity for the larger life of his mind and spirit as he relates to his fellows.” For Thurman the “discipline of reconciliation” is the framework by which to explore the possibilities of unity that applies “not only to ruptured human relations but also to disharmony within oneself created by inner conflict.” Reconciliation, as defined by Thurman, “find expression in the simple human desire to understand others and to be understood by others.”

Archbishop Desmond Tutu’s vision for social justice, healing, and reconciliation as it cuts across, race, gender, and class in South Africa’s Truth and Reconciliation Commission

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447 Ibid., 104-105.
brought forth a pioneering work and in further development of reconciliation theologies. In his work *No Future Without Forgiveness*, Tutu shared his biblically grounded viewpoints and experiences of leading the once apartheid nation of South Africa through a process of reconciliation that did not deny or dismiss the atrocities of the past nor seek retributive justice for those who have committed violations against human rights. Restorative justice and forgiveness was the chosen methodology to begin the reconciliation of a divided nation. The acknowledged and shared humanity of both victim and oppressor was a defining and influential hallmark of reconciliation discourses that, as Tutu said, emphasized that all South Africans “can indeed transcend the conflicts of the past, we can hold hands as we realize our common humanity.”

As we will see later in excerpts from my black narrators, the concept and rhetorical act of transcendence is an important rhetorical strategy in their HIV/AIDS rhetoric.

Contemporary Reconciliation theologians such as John de Gruchy, Richard Lischer, Michael Emerson, George Yancey, and Curtis DeYoung have written extensively on the theological framework as a useful language in discussing difference in unity. Building on the works of pioneers and his contemporaries in the area of reconciliation theology, Joseph Garlington’s text, *Right or Reconciled: God’s Heart for Reconciliation*, investigates how discourses of difference have been used to divide many churches in Protestant circles at the expense of unity among humankind. One distinction that is most relevant to this study and has been used as a tool of division, according to Garlington, is disability/ability, or as he simply

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stated the: “HIV/AIDS distinction.” Garlington makes a sharp contrast between distinctions that
divide and difference that makes us unique as members of the humanly family. Garlington
speaks to division across differences and concludes that the Apostle “Paul told us under divine
authority that there is no distinction between us in God’s eyes.”

As was the case with my African and Caribbean narrators, many of my African American
narrators did not explicitly state that their interpretative strategies incorporated all of the
aforementioned theological standpoints, while others explicitly subscribed to one or more of the
aforementioned theologies. However, I believe that the following excerpts show that my
narrators sufficiently demonstrate black, feminist, womanist, gay and lesbian, and reconciliation
consciousness, among others, in their rhetorics.

6.3 AFRICAN AMERICAN/BLACK PULPITIZED THEOLOGIES ON HIV/AIDS

To continue our conversation on HIV/AIDS rhetorics of pastors of African descent across
the Diaspora, the balance of this chapter is devoted to the most relevant oral history excerpts of
HIV/AIDS religious rhetorics from a US context. To begin, I first present excerpts from my
narrators concerting their early responses to HIV/AIDS followed by a discussion of salient
rhetorical strategies identified in their current rhetorics. For the sake of continuity, these
discussions are situated within the larger working frameworks of this study: safe, prophetic,
progressive, and liberating spaces.

450 Joseph Garlington, Right or Reconciled?: God’s Heart for Reconciliation (Shippensburg, PA.: Destiny Image,
1998), 126.
Overwhelmingly, researchers identify several structural, cultural factors and obstacles that function as facilitators in exacerbating African American vulnerability to HIV/AIDS infections. Of the structures identified, for example, economic disparities, racism, homophobia, and what is most insightful for the study is the cultural factor of religious beliefs. While I focus on religious beliefs to begin part of the discussion, I am in no way attempting to suggest that religious beliefs, as a separate lens in examining HIV/AIDS rhetorics stands apart from the aforementioned representative list of structural and cultural factors. In fact, in this section my interrogation of my narrator’s rhetorics demonstrates that these factors, including religious beliefs, intersect in visible and invisible ways.

In 2008, the CBS Evening News reported, “The Black Church, a loud, voice for social change, has been curiously silent on the crisis of AIDS in the African-American community, and some say, even negligent.” In March 2007, a Jet Magazine headline story read, “Is the Black Church Doing Enough to Combat AIDS?” The article in Jet argued that Black leaders could do more in the fight against HIV/AIDS. As both media reports suggest and backed by earlier scholarship, the Black church was not totally silent on the issue of HIV/AIDS. Yet there were only a few faith-based programs that were addressing HIV/AIDS through prevention and education programs. By and large, however, the indifference of the Black church to the


454 For example, one of the first HIV/AIDS ministries was established in 1979 by President Barack Obama’s former pastor of the Rev. Dr. Jeremiah A. Wright Jr. of Trinity United Church of Christ in Chicago. However, HIV/AIDS ministries and religious leaders responding to the disease were far and few. For a few more examples, see Shelly. A.
epidemic further contributed to an already low public image. As other social institutions and professional groups responded to HIV/AIDS in the black communities, many black preachers seemed to be “preoccupied with prosperity theology and praise and worship than with… real life problems of an HIV/AIDS pandemic that could not be “tithed or praised away.” To exacerbate things further, media depictions of the black church and black preacher as being irrelevant with no serious commitment to addressing social problems further stereotyped and hyper-exaggerated black worship services as being nothing more than shouting, dancing and people fainting, “and being engaged in other forms of ecstatic behaviors,” and, consequently, most certainly aloof to an HIV/AIDS epidemic that was decimating their communities one person at a time. Moreover, these depictions gave additional life to competing narratives and discourses projected on the black religious body that were charged with social meaning.

In Richard Weaver’s conceptualization of devil terms, the preponderance of early religious rhetorics from White (e.g. Jerry Falwell) and Black evangelical and conservative ministers’ sermons were replete with devil terms of, for example “sin,” “judgment,” and “curse,” that associated HIV/AIDS with all things evil. Religious and social constructions of HIV/AIDS as “evil” held sway over the experiences and formative years of HIV/AIDS ministry recounted by my narrators. Consider the narrative of former college minister and Assistant


Professor of Theology Rev. Frank Tucker, now pastor of the First Baptist Church in Washington, D.C. In the 1980s, Tucker organized an ecumenical Church Association for Community Services that was addressing violence, education, and other social justice issues in his city. During the inception of the program, Tucker said HIV/AIDS was a top issue on his agenda given that the “statistics [that] came out here in my hometown [Washington, D.C.]…gave evidence that the disease is just as bad here as it is over there in a third-world country.”

Subsequently, Tucker organized a conference with fellow D.C. clergy members around the presence of HIV/AIDS in their community and in attempts to mobilize other leaders to address the disease head-on. The consortium of churches would later provide housing and support to PLWHA. However, during the start of the organization, de-stigmatizing the disease was one of the ministers’ biggest challenges. “At that time it was viewed as a largely gay issue and it was noted by many of the clergy in that group. It was a stigma,” Tucker said. The link between HIV/AIDS, sexual immorality, and/or drug use was salient in religious consciousness in D.C. Tucker explained that many preachers in the meeting “felt that it [HIV/AIDS] was the result of sin, and anybody who got it was simply getting the results of their sinful character and it was God punishing that which was wrong.” Within the Black religious communities in D.C., the stigma and moral judgment on PLWHA was believed to have biblically warranted a rhetorical posture of a retreat to silence on the issue and a homiletical invisibility of those infected with the disease. Take, for example, during the early stages of the epidemic, how one conservative minister, Tucker, said, “confessed that he didn’t go to the hospital when he discovered that one of members was sick with AIDS and another one would not even bury the individuals,” thus

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Rev. Marvin McMickle, PhD, president of Colgate Rochester Crozer Divinity School, challenged narrow media depictions of indifferent black religious leaders towards HIV/AIDS and the media’s selective focus on the condemnatory and judgmental rhetorics of a few religious leaders, which were now ensconced in public memory as representative of the masses. Given the problematic representation of black religious leaders in film and media, McMickle is pushing for a “re-imagining” of a “new preacher” in public memory, which, he contends is not “new” because such preachers are non-existent, but rather this re-imagining involves granting visibility to religious leaders who have been systematically denied recognition and are rendered invisible by media concerning the long-standing HIV/AIDS ministries. This was and is the case with the narrators interviewed for this chapter.

6.3.1 Black Churches: Safe Spaces

Tucker makes a powerful statement concerning the need for preachers in the D.C. area to address the issue of HIV/AIDS that also serves as a provocative point of departure to begin our discussion of African American churches as safe spaces for HIV/AIDS ministry. He suggests that one should not minimize the power of Black churches to bring about social change in America, in particularly, as it relates to reducing the number of HIV/AIDS cases. “It’s important

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to understand the power of the pulpit to impact the Black community,” the Reverend said. He then qualifies this statement and is clear to indicate that while the black pulpit is a “fundamental area” that must be incorporated in the fight against HIV/AIDS, it is “not the only area.” Tucker correctly identifies the potential positive effect that the Black church can have on society. In a telling example of the rhetorical power of the pulpit, one narrator who works in a different D.C.-area church’s HIV/AIDS ministry informed me that testing “numbers go higher,” after the pastor speaks from the pulpit and encourages people to get tested for HIV. Likewise, the number of people who get tested for tuberculosis (TB) spike after the pastor encourages people to get tested for TB, as well.462

Pierre Vigilance, M.D., Director of D.C. Public Health at the time of this interview, expressed less than optimistic views concerning the appropriateness and efficacy of utilizing black religious leaders in the battle against HIV/AIDS. That is, he expressed serious concern concerning the staying power of religious rhetoric on HIV/AIDS. Vigilance, a person of color himself, raised serious questions concerning the churches commitment to HIV/AIDS education, awareness, and prevention messages. “How honestly are you as the pastor speaking to this issue?” he asked of D.C. pastors.463 In addition to serving in D.C., Vigilance has worked in collaboration with churches in the Baltimore area to address the epidemic there. I think it is important to probe more deeply Vigilance’s sharp critique of the way Black churches have addressed HIV/AIDS as more of a spectacle, or in his own words, a “special event for conversation” rather than “the thread of an ongoing dialogue.” “Churches are very good at making Sunday, a specific Sunday…men’s ministry, women’s ministry, breast cancer awareness, etc. Churches do a good job of focusing on an issue for a day or a series of days. Were it not for

462 Katitia Pitts, interview by Christopher A. House, October 8, 2011, digital recording in possession of interviewer.
463 Dr. Pierre Vigilance, interview by Christopher A. House, October 8, 2011, digital recording in possession of interviewer.
the days we recognize, would we have these conversations?” Vigilance’s question suggests that such messages given on these particular Sunday’s are passing moments in the church’s busy calendar of events rather than part of a sustained dialogue. HIV/AIDS is, Vigilance characterized, a “game changer” in public health in that most medical problems stem from what he calls “waist-up behaviors,” e.g., drugs, smoking, over-eating and poor diet which then lead to serious diseases. These epidemiology of such diseases are linked to a particular product. Whereas, HIV/AIDS, per say, is “more about human behavior more so than a marketing plan.” The product then, he suggests, is pleasure, that is, “pleasure of shooting up or pleasure of sex.” As a matter of “personal behavior” rather than shrewd marketing, Vigilance is “very hesitant to say that pastors in the country are the people to go to get something changed in this country.”

Vigilance’s comments raise an important question, given the vast silence followed by judgment rhetorics from some Black religious leaders: why are Black religious leaders addressing this issue now? The Black church has a long history of addressing the social, political, and economic inequalities in the nation’s history. A strong relationship exists between the Black church and public health; historically, the black church has been one of the first institutions to address several health issues that the Black community has faced. The Black church, through “sermons, nurse’s guilds, health fairs seminars,” home and hospital ministries, has grappled with several major public health issues, e.g., high blood pressure and diabetes screening, obesity, cancer awareness and prevention, drug abuse, and mental health. The Black church, then, has always been and continues to be a major player in the dissemination

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of public health religious rhetorics concerning black health and wellness. Indeed, no other social institution can command the attention of the black community like the Black church, nor has any other institution functioned to such degree as a safe space for blacks to address health issues, in addition to spiritual and social concerns. Nevertheless, Vigilance’s comments are instructive in that whereas the Black church has been a major player in addressing diseases caused mainly by “waist-up behavior,” HIV/AIDS presents a unique challenge in that to address the issue would require the church to discuss a historically taboo subject of sexuality and sex, a subject in many black churches broached only though admonishments against sexual promiscuity and as sanctions are levied against offenders, a point I address in more detail momentarily.

My U.S. religious narrators shared how they got involved in HIV/AIDS ministry, which serves as my entry point into my previous conversations that introduced to us to their first rhetorical strategy of identification used to create a safe-space to address HIV/AIDS. Religious leaders began to address HIV/AIDS in force when the disease, once relegated to the “other,” i.e., homosexuals, sexually immoral people, and drug users, was found among members of the faithful. Joseph Garlington, PhD, pastor of Covenant Church of Pittsburgh and Presiding Bishop of Reconciliation Ministries International, began to address HIV after his son-in-law’s diagnoses. In 1988, Garlington was informed that his son-in-law had acquired HIV. Experiencing a “range of emotions,” Garlington said, his greatest “challenge was that I already believed and was deeply convinced that my son-in-law had been practicing a gay lifestyle” prior to marrying his daughter. Garlington “sought to dissuade” his “daughter from marrying him because of my suspicion,” he said. Nevertheless, Garlington’s daughter married the man, who would later test positive for HIV. After experiencing “the whole gamut” of emotions and stages of grief, Garlington “finally came to a place of acceptance.” He subsequently experienced a paradigm shift in that his

467 Lincoln and Mamiya, The Black Church; Franklin, Another Day’s Journey.
theological standpoint of reconciliation forced him to “deal with this issue… that God is not counting our trespasses against us.” He explained further, “the reality is if it [his son-in-law’s diagnosis] is something that God in his mercy has forgiven, then it’s something I need to find a way to extend grace and compassion toward.”

During my interview with Garlington, I inquired as to how his acceptance impacted his familial relationship with his son-in-law and by extension his commitments to minister to people infected with HIV through sexual intercourse. Garlington’s response is a departure from the way black communities, including faith communities, have treated individuals infected with HIV through, for example, homosexual as the “other.”\(^{468}\) At that decisive moment of acceptance, Garlington resolved in his heart that, “he could not look at him [his son-in-law] as an object.” How Garlington arrived at this decision helps to sharpen our understanding of the mental, spiritual, and rhetorical tug of war that Black religious leaders experience in preparing to respond to this social problem and others like it. As this project attempts to demonstrate, Black religious leaders respond to HIV/AIDS out of sense of religious duty that is grounded in and responsive to a biblical/religious warrant that compels them, among other things, in the words of Jesus to, “heal the sick, raise the dead, cleanse the leper….”\(^{469}\) Epidemiological reports, statistics, or shame tactics used to embarrass pastors into action have proven ineffective in eliciting a strong response to HIV/AIDS from Black pastors.\(^{470}\) The most compelling claim that move religious leaders to action against HIV/AIDS is observed as Garlington disclosed the thought process that brought him to the final decision to minister to PLWHA, starting with his son-in-law.


\(^{469}\) See Matthew 10:8.

In that moment, Garlington pondered and settled within himself the question, “how does God feel about this?” From then on his interpretation of scripture and messages of reconciliation confronted “twelve distinctions dividing the church,” e.g., race, class, gender, and the attending alienation of particular individuals who embody such markers of difference, now included a distinction or difference that the Black church has been largely silent about until now. For the first time, Garlington’s seminal reconciliation message, “Right or Reconciled,” confronted “the AIDS distinction” that divided the church. I think it is important to note that both his understanding of the silence and systematic homiletic invisibility of HIV/AIDS, as well as the beginning of his rhetoric about the issue, were directly informed by how his life was personally affected by HIV/AIDS. Analogously, ministry through compassion and care that seeks to acknowledge a shared humanity that cuts across race, class, gender, ability, and one’s health status (i.e., being HIV positive), became a rhetorical strategy identified in many of my narrators’ rhetorics on HIV/AIDS. In Garlington’s ministry, the recognition of a shared humanity that started when he refused to objectify and “other” his HIV-positive and once gay son-in-law resulted in a host of opportunities to share this message of reconciliation to bring healing to people alienated by the church, literally the world over. “The moment we became compassionately focused and interested, then all these opportunities emerged. We saw our church come to a place of compassion,” he fondly shared.

Similar to Garlington’s story of, James Cherry, D.D, pastor of Aenon Baptist Church in Rochester, New York, and chair of the Black Leadership Commission on AIDS (BLCA) of Rochester first began his HIV/AIDS ministry through his sermons, workshops, and counseling after his life was personally affected by another disease that disproportionately affects African Americans: sickle cell. Cherry, who has been in ministry for now over 50 years, at one point in
time walked away from one of his most beloved institutions: the Black Baptist church. During Cherry’s formative Christian years, he and his wife lost their three-year-old son to sickle cell. Describing himself as a “good Christian but not a strong Christian,” Cherry “blamed God” for the death of child. In his grief and anger, he resigned from all of his service positions to the church. Through the intervention of his pastor, Cherry later returned back to church and experienced his “divine call” to ministry. At age sixty-two, Cherry and wife suffered the loss of another loved one to sickle cell. After a lengthy battle with acute episodes of sickle cell, Cherry’s fifty-two-year-old daughter passed away in 2007.

After the loss of the first child, Cherry accepted his call to the ministry. Analogously, after the loss of his oldest daughter to sickle-cell, he accepted the call to minister to people who, too, had experienced personal brokenness as a result of being infected and affected with HIV/AIDS. Around the time of his daughter’s passing, Cherry was asked by a fellow minister in Rochester to consider becoming chair of BLCA. Cherry makes clear for us the direct link between his daughter’s suffering and the genesis of his HIV/AIDS religious rhetoric. He made the connection this way: “I have always been concerned with people, but I would say watching my daughter suffer… made me open and receptive” to the clarion call in lending his voice and religious influence to speak to the issue of HIV/AIDS in the black community. Cherry later attend a workshop at Tuskegee University sponsored by The Balm in Gilead, when, as he described “my eyes were opened to [the] debilitating, destructiveness of AIDS.” Approached again to join BLCA national leadership team by the national president, Rev. Calvin Butts, Cherry reflected on his personal experience with illness through the loss of his two children and how

that could be his point of departure in ministering to his community about HIV/AIDS. In his own words, Cherry responded to Butts invitation this way:

[I] never did say yes that day. I said well let me pray about it. So I prayed about it, and talked to my wife. I talked to my sons, too. One of my sons said to me, “well you know you would be helping”—because I also served on the sickle cell [committee in Rochester], then I thought…about my daughter. Maybe I can help other people. So I accepted the post to be the chairman of BLCA. They call it an affiliate, so I became the chairman of Black Leadership Commission on AIDS.

In terms of rhetorical inventions, then, Cherry’s personal knowledge and experience with suffering was the impetus that beckoned him to minister to those in his community who were suffering in silence with HIV/AIDS. This is say that, Garlington and Cherry’s respective stories help to refine our understanding of how religious leaders who have been affected by two very different diseases strategically use their experience of being affected as a platform from which to address HIV/AIDS. Tucker’s narrative, however, elucidates how a religious leader who is personally diagnosed with a disease rhetorically uses that experience as a point of departure in his religious rhetorics to address HIV/AIDS. Within the District of Columbia, Tucker’ religious rhetoric on HIV/AIDS has “not unfolded in a sermon.” However, parishioners at First Baptist in Washington, D.C., routinely hear what Tucker calls “a fair dosage of health care information” in his weekly remarks during their Sunday morning services. Tucker speaks to the audience for
about “5 minutes” each week to “lift up” the issues plaguing the Black community, of which, he told me, “the issues of AIDS pops out in a number of services.” With alarming STD and HIV/AIDS statistics in communities of color in the D.C. area, no subject is too taboo for Tucker to address in his sacred space. “Free in my pulpit,” is how Tucker describes his approach to ministry that cuts across such taboo issues as sex, sexuality, and HIV/AIDS, for example. A few years ago, he did a series of sermons on human sexuality, of which some in the audience “were probably embarrassed,” he said. Sexuality has been a very taboo subject within the church. Tucker explained concerning the topic of sexuality in the pulpit, “It is one of those things that has not been apart of the church conversation. We have not adequately provided guidance to our parishioners in terms of how they should think [about] and treat sex. It is seen as something sinful, dirty and ugly and it’s taboo, you don’t talk about it. You don’t say anything about it. Yet, it’s drives the very fundamental character of our being.” The irony of Tucker’s statement rises to the surface of our analysis in that sex is both visible in society and simultaneously invisible in the church, stands as an indictment against the rhetorical silence in the church. After all, the church is part of the society and is made up of members of the society who are very aware that conservations and issues of sexuality are visible in their everyday realities.

Tucker’s personal experience with another disease that has been shrouded in silence helps to crystallize how religious leaders use their personal experiences as a way to create a safe space for PLWHA and to address and de-stigmatize HIV/AIDS in religious spaces. In January 2010, Tucker was diagnosed with cancer. As the spiritual shepherd of his flock, he addressed his diagnoses in the pulpit as means of creating identification with others in his audience who had

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been diagnosed with HIV/AIDS. His rhetorical motivation in pulpit ministry of HIV/AIDS is clear-cut: “what I decided to do was to talk to my congregation about cancer in hopes to educate them about HIV/AIDS and to have them open up about HIV/AIDS.” He then explained his methodology in doing so that was not relegated to sermons:

Every week I give them a report about my progress, what happened with me, and what’s going on with me because cancer was and still is taboo--people didn’t talk about it. Since January, every week, I’ve been telling my people, I am doing this not because I have cancer, but because this is what we need to talk about even with AIDS, we need to be open about this. Since I have talked about this cancer, numbers of my members have come up to try to encourage me and have shared with me that they have cancers that I didn’t know about.

From this statement, we can begin to see that there exists a relationship between the impact of Tucker’s illness and his willingness to serve others in their experiences of trauma with HIV/AIDS. Much like with my Caribbean narrators, Burkean theory of identification helps us to illuminate the rhetorical dimensions of African American religious leaders’ rhetorics on HIV/AIDS that intensify identification with PLWHA. Whereas Caribbean narrators created identification mostly through (re)identificational rhetorics, African American pastors create identification through consubstantiality by invoking a shared humanity and consequently a shared vulnerability to illness and diseases. Taken together, I contend, that the rhetorics of Garlington, Cherry, and Tucker illuminate a rhetorical strategy of identification on two levels:
substantial and consubstantial. Craig Smith suggests that substantial identification, commonly employed by religious speakers, uses a shared substance in rhetorical presentations for the advantage of the speaker. This is to say, if a substance is shared between speaker and audience, i.e., a locale, product or school, identification is often achieved, and it is easier to form a bond. Furthermore he notes, “each substance provides for common ground that intensifies the identification between Christians.”

Garlington, Cherry, and Tucker share a common substance with the PLWHA to whom they minister of having a traumatic experience with HIV/AIDS and/or other stigmatized disease that also disproportionally affect African Americans. For Cherry, it was the disease of sickle cell, for Garlington it was HIV/AIDS, and for Tucker it was cancer. While not an exhaustive list, these diseases serve an entry point into conversation about HIV/AIDS, as these public health issues and diseases, along with diabetes, high blood pressure, strokes, cardiovascular diseases disproportionally affect African Americans.

The second strategy at work in their rhetorics is consubstantial identification, which is achieved between a speaker and audience through the realization that they are of the same substance, thus enhancing identification of shared substance in my religious leaders’ case. I argue that it is their rhetorics that give voice to their suffering, suffering of which is common to humankind; it is this that allows them to achieve consubstantiation with their audiences. I further contend that it is only through the acknowledgement and recognition of the religious leader/speaker and interlocutor being of the same substance, i.e., human beings who are all vulnerable to all types of diseases and infections, e.g. case sickle cell and HIV/AIDS, that

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476 Smith, *The Quest*, 98.
identification is achieved, social distancing diminished, and additional safe spaces are created to address HIV/AIDS without an eye toward judgment and moral rhetorics.

From the examples above, we can also begin to see that in articulating their personal areas of brokenness through being affected/infected or diagnosed with stigmatized diseases, religious leaders are simultaneously flattening ‘us-versus-them’ binaries that are so prevalent in HIV/AIDS religious discourses. This is to say that, as Black religious leaders use their rhetorical bodies and personal narratives of illness and diseases as entry points in conversations about HIV/AIDS, they also tap into a dominant religious enthymeme of the suffering, incarnate Christ, i.e., the representative anecdote to destigmatize further any and all persons affected or infected with a disease or illness. Said another way, the enythematic incarnation discourse provides us with an informative lens of analysis and understanding of the function of a rhetorical body, as a means of identification. For example, within the history of black oppression and resistance in the US, the Incarnate Christ’s, rhetorical body (God in flesh, in Christian thought) functioned as point of identification with black people and their suffering, revealing that “when it came to battling impossible odds,” God in Christ “had been there and done that.” Consequently, then, oppressed blacks could then take “solace from a God who had faced a host of ills they faced.”

In HIV/AIDS rhetorics, pastors employ the motif of the representative anecdote discursively to remove the moral stigma of the diseases, while they simultaneously use their suffering as the starting point of service in creating safe spaces for others. By way of a final example, the relationship between my narrators’ use of Christ, as the representative anecdote, and the rhetorical strategy of identification used as the starting point in their HIV/AIDS rhetorics was most salient as Tucker explains the rhetorical strategy behind the theme, “Love is Thicker than

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Blood,” that was used during the start of his HIV/AIDS ministry. Reflecting on this theme, he told me:

I know that we have come a long way. . . [:] people now understand that it [HIV/AIDS] is something that Jesus himself would address and that is the whole business of Jesus treating the lepers. When we initiated, we had a theme called “Love is thicker than Blood,” which suggests that although this thing [HIV/AIDS] is transmitted through blood, it’s not going to separate us as human beings because we are spirit filled and we are human being. We know that God loves individuals, so it’s the love of God that we ought to stress.

The notion of the active love of God, then, being equally extended to all humankind becomes a unifying point of identification in Tuckers rhetorics. Through establishing consubstantiality with their audiences, my narrators create safe spaces for PLWHA and other stigmatized diseases to begin to share, as we will later see, to some degree, their stories, experiences, and narratives in black sacred spaces. Akin to the representative anecdote of the suffering Christ, the infected/affected black religious leader in this study becomes the reference point of subsequent religiously grounded rhetorics on HIV/AIDS. The rhetorical strategy of identification rooted in the human condition marks a sharp departure in religious rhetorics on HIV/AIDS in that in earlier rhetorics, the presence and impact of HIV/AIDS on the LGBTQ community was the starting point for moral religious judgments that engendered divisions and alienation. My analysis has thus revealed that in their pastoral communication on HIV/AIDS that my narrators
have used their status as one infected and/or affected by the disease as the entry point of their religious presentations on the disease. Moreover, these presentations are steeped in identification strategies that engender reconciliation through the acknowledgement of a common humanity. Therefore, I argue religious rhetorics that are shaped, first and foremost, by a religious leaders’ personal experience of being infected/affected/diagnosed with a disease are undeniably distinct from earlier judgment rhetorics in which religious leaders were speaking about a matter of which they had been personally untouched. I think it is also important here to speak to the relationship between my narrators’s personal narratives and experiences with disease and rhetorical invention. Invention, one of the Cicero’s five traditional canons of rhetorics, is best understood as the process by which a rhetor discovers what he/she is going to say through rhetoric. Richard McKeon observed, “Invention is the art of discovering new arguments and uncovering new things by argument.”

Thus, what my narrators are describing as being their new argument about HIV/AIDS, as that which is rooted in their personal experiences, aid in identifying this process as a rhetorical invention. My analyses has revealed a pattern: that the personal brokenness found in a religious leaders’ private space serves as generative ground in his/her rhetorical invention for publicly addressing HIV/AIDS. The move from private experiences to public pronouncement signals an undeniable paradigm shift with consequences for the resulting rhetorical trajectory. Case in point, Garlington’s comments are instructive as they help us to see how after his family was affected by his son-in-law’s infection, his theological understanding


and inventional strategies took a major shift. Whereas some still consider HIV/AIDS a judgment from God on certain individuals, Garlington told me:

Here is what I teach: you can call it God’s judgment, and I am sure a lot of people do that, but the day it touches you son or your grandson, you’ll stop calling it a judgment and you will start looking for an answer. Or even if you do call it a judgment, you’re still saying “God what can we do about it.” Because you won’t be as objective and militant toward this issue as you would have been had it never touched your life.

Clearly, rhetorical invention shifts when a religious leader is personally affected by HIV/AIDS. Only then, at least for my narrators, were judgment rhetorics untenable. Based upon my ethnographic fieldwork and oral history interviews within US religious space, I conclude that HIV/AIDS religious rhetoric has taken communicative form of sermons in which, for example in D.C., pastors “talked about CD4 counts and being tested [for HIV/AIDS],” in addition to pulpitized rhetorical presentations on HIV/AIDS during panel discussions, theatrical plays, HIV/AIDS training sessions for deacons and lay leaders, and on hand-held fans, flyers, and bulletin boards. Moreover, Cherry’s, Garlington’s, and Tucker’s reference to scripture (e.g., Jesus’s interaction with lepers for Cherry, Tucker and Garlington’s inquiring as to how God responds to PLWHA), offers us some insight as to how religious leaders make use of scripture as justification for the involvement in HIV/AIDS rhetorics. Looking more closely at rhetorical strategies of my narrators across the Diaspora brings me to an observation that cannot be denied:
identification is the predominant rhetorical thread and strategy used in HIV/AIDS religious rhetorics.

Another very important observation to make is that while religious leaders are in the service of speaking words of comfort, hope, and inspiration to people infected and affected by HIV/AIDS, there are moments when the preachers; “utterance,” e.g., words, sermons, testimonies, etc, are inadequate and rhetorically ineffective in responding to an exigence. No example, for this writer, better illustrates Lloyd Bitzer’s narrow and inadequate definition of an exigence as that “which strongly invites utterance,” in this context as I identified an additional key rhetorical strategy understood and practiced by virtually all of my narrators across the Diaspora: the ministry of presence.480 Within the field of pastoral care is, what I identify as a rhetorical practice, of the ministry of presence. The Dictionary of Pastoral Care and Counseling defines a ministry of presence as, “a form of servanthood characterized by suffering alongside of and with the hurt and oppressed--- a being, rather than a doing or telling. The ministry of presence can be voluntary or involuntary, as when verbal proclamation in the public sector is forbidden,” or as I argue, inadequate (emphasis theirs).481 The ministry of presence, then, is significant in analyzing the rhetorical strategies of religious leaders who have joined in the struggle against HIV/AIDS because, as McMickle notes, “there are times and circumstances in the life when nothing can be done to alter or change what has happened.” To my point, he adds,
“there are no words that can be spoken and there are no steps that can be taken that can reverse or undo the course of event that is already underway.” Therefore, as in the case with rhetors whose utterance is inadequate, the religious body is the most efficacious rhetorical too, i.e. “servanthood in being, rather than doing or telling.” By their mere presence in accompanying parishioners to HIV/AIDS clinics, sitting at the bed-side of dying person, and visiting a hospice, for example, black religious leaders utilize and employ a different set of competing narratives inscribed on their bodies, e.g. pastor as shepherd, watchmen/women, messenger of hope, preacher as one entrusted, preacher as the hand and touch of God as a strategy in their rhetorics.

Analyzing the religious body as a rhetorical tool in the ministry of presence sheds light on our analysis. We can see the ministry of presence acting as part of the pulpitized rhetoric of the leadership of Greater Mount Calvary Holy Church (GMCHC) in their going to homes of people who were in the late stages of the disease to bathe, feed, and ministering by “just sitting with them.” In another example, members of his Pittsburgh church would meet and gather around Garlington’s son-in-law, while the church’s saxophonist played songs over him in tandem with the ministry of presence. Questions examining how the religious body functions rhetorically in our discussion are significant to explore, as we now recognize that:

Ministry of presence in the pastoral office means vulnerability to and participation in the life-world of those served. The sharing of existence, satisfactions, and burdens may take the specific form of silent witness, as in the vicarious involvement of the counselor in the joys and pains of the counselee.….  

In other words through the ministry of presence, the religious rhetorical body symbolically suggests, as McMickle poignantly states, “that while they [read: religious leaders] cannot do anything about what has happened to someone else, they can, by their presence, remind those who have been infected and affected that they will not have to pass through those events by themselves.” More to the point, Tuckers’ comments are noteworthy, as he reclines in his chair and said, “To me one of the critical things and challenges is trying to get the message [of HIV/AIDS] out. We put it in our newsletters and articles, but there is nothing like that personal touch [i.e., ministry of presence]. People can feel that caring, and that is not always easy to feel.”

Beginning with HIV/AIDS religious rhetorics first articulated in pulpits in D.C., Pittsburgh, and Rochester, safe spaces have been created and maintained through non-traditional, pulpitized spaces and venues press us to reconceptualize the church as a progressive space of HIV/AIDS ministries.

6.3.2 Black Churches: Progressive Spaces

As noted in scholarship and as my interviews reveal, the Black church, for the most part, has been reticent about addressing public health issues connected to sexuality and sexual behaviors. Consequently, the Black church, itself, has been viewed as a barrier to HIV/AIDS

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prevention and education because of how its indifference and judgmental rhetorics have helped further to stigmatize sex, sexuality, and PLWHA. Thus, there emerges a deep dialectical tension in the historical mission of the Black church that swings from rhetorical acts of resistance to rhetorical acts of accommodation. For example, on the one hand the Black church is viewed as a progressive and prophetic space of resistance as it led the fight to end the oppression and marginalization of African Americans, and, on the other hand, the Black church arguably is among the most conservative spaces of accommodation and conservative institutions in the country which serve African Americans. This helps to explain how the problematic nature of past rhetorical framings of HIV/AIDS as a moral issue may have impeded some African American religious leaders’ involvement in addressing HIV through rhetorical acts of either denial or silence. Nevertheless, the Black church is not monolithic, but rather is inclusive of churches that are strongly aligned with conservatism and progressivism in its ideology, doctrine standpoints, and theological orientations. While some churches have challenged the status quo through progressive rhetorics, others have maintained a conservative stances on sex and sexuality that, some argue, further create and maintain “a challenging environment to facilitate a healthy discussion about AIDS.” My narrators represent Black religious leaders whose conservative and progressive theological orientations inform their HIV/AIDS rhetorics thus


488 Billingsley, Mighty.

creating conservative and/or progressive spaces, i.e., spaces of accommodation and/or space of resistance.

Greater Mount Calvary Holy Church in Washington, D.C., illustrates how some religious leaders seek to reconcile the tensions between conservative (accommodation) and progressive (resistance) spaces. Around 1990, Alfred Owens, pastor of the 8,000-member Greater Mount Calvary Holy Church (GMCHC) in Washington and Archbishop of the Mount Calvary Holy Churches of American, Inc., experienced the loss of several members in his congregation to AIDS-related complications. Owens and another gentleman quickly moved to implement a HIV/AIDS ministry in the church that focused on compassion and care for PLWHA. With over 60 different ministries auxiliaries in the church, members and leaders from every branch of ministry were going to people’s home to serve them as part of their church’s HIV/AIDS ministry initiative,” said Ms. Katitia Pitts, president of Calvary Health Care HIV/AIDS ministry. Pitts recollected how many members were suffering in silence during the 1990s; consequently, by the time members came forward to disclose their illness to church leadership, they “were already in the late stages of the disease.” An overwhelming number of individuals who died of AIDS-related complications did not have life insurance, subsequently placing a heavy financial burden on the church. Owens, deeply concerned, with the financial burden associated with funeral services for those who had passed, “paid for a lot of funerals out of his pocket,” because he firmly believed that, regardless as to the cause of death, e.g., AIDS-related or not, people should be laid to rest “with dignity.” What started in the late 1980s, early 1990s has now evolved into the Calvary Health Care, Inc., which is housed in a separate building located approximately two blocks down the street from the church.
GMCHC subscribes to a Pentecostal-holiness tradition that is conservative in religious sensibilities concerning sexual ethics, e.g., abstinence before marriage, relationship fidelity, and homosexuality as “sin.” On April 9, 2006, while delivering a sermon titled “Fan or Follower,” Owens ignited a firestorm within the D.C. area and around the country when he said, among other things, “it takes a real man to confess Jesus as Lord and Savior. I’m not talking about no faggot and no sissy.” Owens then proceeded to call “the real men” down to the front of the church. He qualified “real men.” He swiftly followed with this statement: “I'm talking about the straight men.” As men across the church began to walk to the front of the church, Owens said, “you ain't funny, and you ain't cranky, but you're straight. Come on down here and walk around and praise God that you are straight. Thank him that you're straight. All the straight men that's proud to be a Christian, that’s proud to be a man of God.” Elijah Ward and others maintains that comments like Owens represent a religious-homophobia that is an amalgamation of both Western and African moralism about homosexuality that seek to indict whiteness and homosexuals as being that which is feminine. Moreover, homophobia also stigmatizes black femininity at the expense of celebrating black masculinity. Therefore, rhetorics shrouded in homophobia also double as rhetorics of domination that employ the use of a dialectic through the negative, i.e., not gay or homosexual, to define masculine or, as in Owens’ case, black Christian authentic masculinity.  


Owens’s comments were met with criticism from the D.C. Coalition of LGBTQ Men and Women, and former Mayor Anthony Williams demanded an apology from Owens or promised to remove him from his interfaith council. Shortly thereafter Owens issued a written apology in the *Washington Post* in which he said “It was not my purpose to wound anyone or discriminate against any group, and I apologize for any offense... however, I will not submit my sermons through political filters for fear of recrimination by political or social groups. On any given Sunday, I preach about love, faith and holiness, and, yes, about hell and sin. For that, I offer no apology.” In my interview with Owens, he said he was deeply remorseful and admitted that referring to gay men in such offensive terms was “a big mistake.” Even as many were outraged with Owens comments, given the theological standpoint of both the GMCHC, Inc. denomination and Owen’s D.C. GMCHC, his comments were not anomalous, as one speaking from a very conservative theological religious context. That said, it is also important to note that in my interview with former D.C. Director of Public Health Vigilance, he praised Owens’s church for their HIV/AIDS ministry. While believing and preaching “holiness” that is inclusive of abstinence discourses in line with conservative Black religious rhetorics, Owen’s HIV/AIDS ministry presents a markedly different progressive rhetoric and space in which to address HIV/AIDS, sex, and sexuality.

In my interview with Ms. Pitts, the ministry’s position on distribution of condoms and gratuitous “sex kits” was a strong indication of a very progressive HIV/AIDS ministry and space. The issue of condom distribution as part of a black conservative Christian ministry’s HIV/AIDS response was met with some resistance from church members. There was, Pitts said, “no

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493 Bishop Alfred Owens, interviewed by Christopher A. House.

494 For example, see Fullilove and Fullilove, “Stigma as Obstacle,” and Ward “Homophobia.”
resistance from leadership,” but among the conservative congregation, “some people had their own struggle.” The struggle was captured in the form of two questions that elucidate another important dialectic tension between the communal and privatistic that many progressive churches often confront. Lincoln and Mamiya state that the communal orientation “refers to the historic tradition of the black church being involved in all aspects of the lives of their members.” While the privatistic pole of dialectic suggests the Black churches “withdrawal from the concerns of the larger community to focus on meeting only the religious needs of its adherents.” In examining the following statement from members of GMCHC, the dialectic is useful, as Lincoln and Mamiya argue, “assessing the degree to which the process of secularization has affected black churches.” At GMCHC, the struggling parishioners asked “are we condoning [sex outside of marriage] by giving this [i.e., condom] outside the Christian element of marriage, or are we saying ‘it’s ok?’” In my research travels, I have encountered several churches in both the U.S. and the Caribbean that have distributed condoms as part of their HIV/AIDS ministries. While others in Kenya, Uganda, the Caribbean, and the U.S. condemned condom distribution in any form, a few religious leaders in South Africa condoned the use of condoms, but would not distribute them to parishioners. However, no church distributed such an extensive line of condoms and sex kits as the HIV/AIDS ministry belonging to the conservative GMCHC.

According to Pitts, GMCHC sex kits included “male condoms, female condoms, flavored lubricants: strawberry-kiwi, bubble gum flavor, warming lubricants, some of them in leopard print looking purses, and some of them in clear cases colored condoms.” The rhetorical justification was unearthed when I asked Pitts, what was the purpose behind giving out such an

495 Lincoln and Mamiya, The Black Church, 13.
496 Ibid., 13
497 Ibid., 13.
assortment of condoms. Pitts, Owens’ and GMCHC rhetorical emissary, responded, “grace.” Whereas the conservative theological mind, as evident in the question posed by some of GMCHC members, equates, on the one hand, the distribution of condoms as a license to sin, Pitts and GMCHC leadership, on the other hand, rhetorically reframe the act in another theologically charged dialectic term of “grace.” Grace for the moment is what the condom represents, Pitts explained, “if you are in the moment of pure passion, and you’ve decided that you are going to make this step [engage in sexual intercourse], here is grace because you never know, that one moment could be the moment that you contract HIV or some other kind of STI. But if it breaks, I can’t help you.” The definition and contested symbolic representation of the condom as an instrument of “sin” or “grace” speaks to a larger medical/moral back-and-forth rhetorical struggle within the black religious landscape as some religious leaders seek to maintain their fundamental and conservative views on sexual ethics while at the same time creating progressive spaces that address HIV/AIDS as it cuts across difference of sex and sexuality through advocacy of condom use. Following the rhetorical framing of “grace” then as a theological concept, grace, then, must be accessible to all. Therefore, Pitts and GMCHC provides condoms to members of the church and the D.C. community alike, without respect to one’s sex, gender, or sexual orientation, for example. “I can’t let who you are sleeping with be a factor in terms of how I am going to serve you,” Pitts said. “Our goal is prevention. We don’t get caught up in that as church or as a 501c3.” During our interview, Pitts informed me that gay and straight members of the church are both engaging in unprotected sex.

498 For example, see Frazier, “The Negro Church.”
499 Conventional Protestant concepts of the Greek word, charis, and Latin word, gratia, i.e., “favor,” “kindness” that are translated “grace” in the English Bible is that of “unmerited favor.” Meaning, “God’s grace is extended to sinful humanity in providing salvation and forgiveness through Jesus Christ that is not deserved and withholding the judgment that is deserved,” as in Donald Kim, Westminster Dictionary of Theological Terms (Louisville, KY: 1996), 104.
Analogous to religious rhetorics in Africa and the Caribbean, identification on the basis of common ground re-emerges in the U.S. context as a rhetorical strategy and impetus driving religious rhetorics in a particularly unique way that create progressive spaces, as in the case of GMCHC. GMCHC’s HIV/AIDS ministry provides “grace” to those in need of it, as Pitts comments succinctly encapsulates identification as a driving force in progressive religious rhetorics and spaces. Posing no qualms about it, to any person who walks into Calvary Health care, Pitts will say, “you’re a human being. . . [;] if that [pointing to condoms laying on the table in front of us] is what you need, then that is what you get.” Therefore, the common ground of humanity becomes the only identity category, which Pitts uses as a criterion for ministry, as opposed to social hierarchies rooted in oppositional difference.

These excerpts I have put forth present a compelling case that the conservative-progressive (resistance) tension and the fluidity of Black church’s concentric (accommodation) space (e.g., GMCHC) establishes that the public space of the pulpit can be used to maintain conservative stances on sex and sexuality, while the private, pulpitized space, e.g. Calvary Health Care, can employ a different rhetoric that generate progressive spaces, yet with limitations for PLWHA, sex and sexuality. The illustrative example of Owens, GMCHC, and Calvary Health care suggest, I argue, that black religious leaders and their rhetorics do not always fit neatly into a single theological category either conservatism (accommodation) or progressivism (resistance). The rhetorical strategies used in the service of the GMCHC HIV/AIDS ministry supports McMickle’s claim that black churches join in the struggle against HIV/AIDS predicated upon their understanding of “how the authority of scripture” is used to “define” the problem, but GMCHC challenges the latter part of McMickle’s claim that, likewise, the Black Church’s use of the scripture also “approve the methods of resistance” against the
status quo. In other words, the HIV/AIDS ministry at GMCHC demonstrates that a church’s rhetorical actions, e.g., sex kits, condoms in HIV/AIDS ministry, and its rhetorical impetus for action (i.e., their doctrinal standpoints) can often appear incompatible.

The example of GMCHC then augments our consideration of the rhetorical situation in which a pastor ministers about HIV/AIDS to include, scriptural rationale in addressing the issues, an understanding and consideration of the type of governmental structure of the church/denomination (and the implications of such structure), the needs of the parishioners, and an awareness’ of the culture and community in which both the parishioners and the church are located, as all being motivating factors help to profoundly constitute the religious leaders’ rhetoric. Consequently, the process of rhetorical invention that justifies the HIV/AIDS religious rhetorics, for some pastors, embraces scripture and other rhetorical constraints, as put forth above, without privileging one (e.g. scripture) over the others. Nevertheless, as we will see momentarily, others privilege scripture above all influencing factors in justifying and formulating their HIV/AIDS rhetorics. GMCHC supports the claim of my analysis in demonstrating how some conservative pastors negotiate the tension of denominational and doctrinal structure versus their individual agency in responding to HIV/AIDS in their religious rhetorics, or as Lincoln and Mamiya framed it, “the dialectic between the charismatic and bureaucratic.” Furthermore, I posit that Owen’s and other Black religious leaders’ negotiation of conservative and progressive commitments will become increasingly visible as we employ our understanding of the pulpit as a shifting, fluid place and thus analyze rhetorics found in all


501 Lincoln and Mamiya, The Black Church, 13.
pulpitized spaces. Consequently, we will then be able to paint a more complete picture of their rhetorical strategies, justifications and warrants.

### 6.3.3 The Black Church as a Prophetic Space

The social activism of the Black church, as mentioned earlier, beginning during the civil rights movement has been well documented. The prophetic voice of the Black church has been instrumental in challenging the status quo of injustice and inequality due to socioeconomic marginalization and political oppression in various exigencies within the U.S., in general, and in African-American rhetorical situations, in particular. My US narrators’ comments highlighted an important structural issue against which their voices are now raised in combating HIV/AIDS. Without much probing, and in no uncertain terms did Garlington identify a structural factor that serves as a facilitator to African American’s vulnerability to HIV infections: “I think it has a lot to do with racism and the way things are done (emphasis mine),” he bluntly stated. Given the historical and contemporary manifestation of racism within the US that continues to place no segment of the black community beyond its reach, Garlington’s straightforward assertion of racism compels us to change our lenses of analysis in studying religious rhetoric on HIV/AIDS to one that interrogates the impact that race and, by extension, racism, has in shaping the context of HIV/AIDS religious rhetorics in the US.

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503 For the purpose of analysis, I have focused our attention on how the issue of racism, which is just one among several influential social forces, functions within the invention and response of black religious rhetorics on HIV/AIDS. However, my analytical isolation or race/racism should be not taken to suggest that one can separate race from gender from sexuality, or any other marker of difference, when discussing such issues. Intersectional theory is paramount, for this writer, in best analyzing the nuanced issues surrounding identity and HIV/AIDS.
This change in our lens of analysis holds tremendous promise in identifying a marked difference in the religious rhetoric on HIV/AIDS across the diaspora. That is, in no other interviews with narrators in Africa or the Caribbean was the structural issue of racism identified as a major theme in their rhetorics. In African and Caribbean spaces and within narrators’ religious rhetorics, race (and racism), virtually, functioned as a subtext. If my observation is accepted, bolder claims will follow as I further argue then that a distinction will become marked in how the issue of race/racism, i.e., context, subtext, or pretext, and its intersection with HIV/AIDS shapes my religious leaders’ rhetoric when the religious leader is a member of the dominant culture, i.e., South Africa, Kenya, Uganda, Jamaica, and the Bahamas, as opposed to religious leaders who are a part of a minority culture, i.e., the US.\textsuperscript{504} We will see momentarily that the distinction become significant as we examine the rhetorics of Black religious leaders directed toward government, for example. I will weave this idea of how HIV/AIDS and race, informs religious rhetorics in dominant cultures and minority cultures throughout the balance of this study.

The history and contemporary mechanism of racism informs the HIV/AIDS rhetorics of Black religious leaders in the US in important ways. I think it is important to hesitate here for a moment and to briefly note that, as some scholars would argue, racism is the lynchpin between the Black Church’s function as a prophetic and liberating space. I investigate these claims below by examining the ways that racism informs the Black church’s HIV/AIDS religious rhetorics and also affects larger claims against the Black church’s homophobia, homonegativity, and

\textsuperscript{504} I draw upon Michael Dyson’s definition of race as subtext, which highlights how arguments have been “used to mystify or deliberately obscure the role of race and racism” in a culture; race as context, which shows how “arguments have been used to clarify the role race and racism have played in our nation’s history”; and, race as pretext, which illustrates how “arguments have been used to justify racial beliefs and to defend racial interest.” For more explanation, see Michael Dyson, “O.J. Simpson and Our Trial by Fire,” in The Michael Eric Dyson Reader (New York: Basic Civitas, 2004), 59-63.
heterosexism, thus creating liberating spaces for some African Americans and for others spaces of marginalization and oppression.\textsuperscript{505}

In 1984, former Secretary of the US Department of Health and Human Services, Margaret Heckler, created a Task Force on Black Minority Health. On October 16, 1985, while at a press conference in which she discussed the summary of the task force’s report, Heckler expressed “dismay at the persistent black and minority health disparities when compared with white populations.” Specifically, the task force identified six causes of death that “accounted for more than 80 percent of the mortality observed among blacks that is in excess of that in white populations.” Those causes were found to be: cancer; cardiovascular disease and stroke; chemical dependence (measured by deaths due to cirrhosis); diabetes; homicide, suicide and accident (unintended injuries); and infant mortality.\textsuperscript{506} I concede that this study is somewhat dated; nevertheless, it is well documented and the fact remains that health care disparities continue to persist between African-Americans and European-Americans.\textsuperscript{507}

In his work on “Black Health Care,” Rice M. Jones offers that the experiences and disparities of African-Americans’ health status/health experiences are the result of three forces:

\begin{thebibliography}{9}
\bibitem{505} By homonegativity, I offer William Jefferies, Brian Dodge and Theo Sandfort’s definition of “contempt for individuals expressing same-sex attraction” in their article, “Religion and Spirituality Among Bisexual Black Men in the USA in Culture,” \textit{Health, & Sex} 10, no. 5 (June 2008): 463-77.
\bibitem{506} Herbert Nickens, “Report of the Secretary’s Task Force on Black and Minority Health: A Summary and a Presentation of Health Data With Regard to Blacks,” \textit{Journal of The National Medical Association} 78, no. 6 (1986): 577-80.

\end{thebibliography}
institutional racism, economic inequality, and attitudinal barriers to access.\textsuperscript{508} While time and space will not allow me to explore this claim fully, the interplay and intersection of racism, economic inequality (e.g., poverty), access to health care, among others, have been well documented and backed by scholarship as key structural factors, i.e., “features of the environment outside and individual’s control that may serve as a barrier to, or facilitator of, an individual’s ability to prevent acquisition of HIV.”\textsuperscript{509} For African American individuals the perpetuation and continued maintenance of such structures translate into alarming HIV/AIDS statistics.\textsuperscript{510} Such dismal statistics of African American HIV/AIDS cases, arguably, communicate a larger truth concerning America’s public health system functioning as mechanism of institutional racism underscoring its inability to sufficiently address the HIV/AIDS epidemic in the black community.\textsuperscript{511} Therefore, a serious burden falls on the shoulders of pre-existing credible networks currently in place within black communities to help address the epidemic, one of which is the Black Church. Much like Garlington’s awareness of the reality of racism’s relationship to the HIV/AIDS epidemic in the Black community, a similar level of awareness informs Cherry’s religious rhetorics. In one meeting, Cherry speaking to his leaders said, “We are responsible to keep our people informed.” In my interview he explained


\textsuperscript{510} Consider the following, the disparities in HIV/AIDS cases, in that African Americans, a minority group who account for about 13% of the US population, also account for about 49% of people infected with HIV/AIDS. To add further, a CDC report released on October 15, 2010, places the estimated lifetime risk for HIV diagnosis for Blacks/African-Americans at 1 in 22 compared to 1 in 170 for Whites. HIV/AIDS and African-Americans,” \textit{Centers For Disease Control and Prevention}. http://cdc.gov/hiv/topics/aa/index.htm. Estimated Lifetime Risk for Diagnosis of HIV Infection Among Hispanics/Latinos — 37 States and Puerto Rico, 2007,” \textit{Morbidity and Mortality Weekly 59}, no. 40 (2007): 1.

\textsuperscript{511} Leong, “Sexuality, Gender.”
what gave rise to this statement, as he rehearsed for me the historical acts of medical racism against African Americans, including the Tuskegee Syphilis experience as having a profound effect on some African Americans willingness to participate in HIV/AIDS research, including clinical trials for vaccines and cures.\textsuperscript{512} The health of African Americans is not a top priority on the national agenda, Cherry believes. To flesh out his point, he shared a very plausible scenario to demonstrate how inequalities that interplay between racism and poverty have come to bear on health outcomes of African Americans. While Cherry point speaks to the socioeconomic/class issues, clearly racism, for him, constrains certain actions within the nation:

Suppose they come out now with a new medication [to prevent and/or cure HIV/AIDS], you know the white folks are going to get it first. And they are going to get it easy. They [White people] don’t have a job. They [White people] are on welfare. But when one of ours gets it, they’re on the bottom of the list.

Cherry, clearly shares some level of distrust of the public health system, and, by extension, the United States, to provide quality access to healthcare for African Americans. He expressed that in the given scenario he would use his religious rhetorics to “make sure they [African American parishioners] know where they can go and get it [the medication].” On the one hand, Cherry was speaking hypothetically, yet, on the other hand, I observed the way the historical reality of racism in the U.S. informs his HIV/AIDS rhetorics when he followed up the hypothetical

scenario, with a statement rooted in his everyday rhetorical ministerial practices: “every notation I receive from AIDS Rochester,” he said “I read it [in the pulpit] or I will put in the bulletin then post it on the bulletin board downstairs.” This example helps my argument to take shape, in that, from it we are hard-pressed to deny that religious rhetoric across the diaspora is profoundly informed by the issue of race/racism functioning as pretext, context, and/or subtext. Said another way, as I analyzed the rhetorics and interviews of my narrators in Kenya, Uganda, South Africa, or the Caribbean, I found no themes of racial distrust for their respective public health systems or of government interest in providing quality healthcare for their parishioners and communities. Yet and still, I did take note that of my non-US narrators awareness of and disdain toward the legacies of race-based colonialism. However, in each of my African countries and Caribbean countries, people of color are the dominant majority and are the people who make up the government. On the contrary, religious narrators in those countries lauded their governments for making great strides in providing quality health care, HIV/AIDS awareness, prevention, education programs and services available to their constituents.

As members BLCA, both Cherry and Tucker have lobbied in Washington to secure more funding for HIV/AIDS awareness and prevention programs in Black communities. Cherry, mentioned how he has worked tirelessly to secure congressional votes to support the AIDS Elimination Act, a comprehensive plan to eliminate AIDS in the Black community. In a telling example, Cherry shared with me another instance that speaks to the way race functions in religious rhetorics across the diaspora. While sitting in his office, he showed me a letter that he had recently sent to a local white senator requesting more funding for local HIV/AIDS ministry efforts. Cherry and the senator later attended a function for another minister at which the senator

expressed some concern about several African American pastors who had voted against him in a recent election that the senator won by a narrow margin. Cherry swiftly responded to the senator that, “some white people voted against you, too.” He then explained to me “they’re [white politicians] getting the vote out of the Black community, [and] they need to help [with funding for HIV/AIDS].” Concerns of a minority culture impacted by HIV/AIDS like this and others are discussed in Black pulpits and religious rhetorics on HIV/AIDS within the US, I argue, are informed to varying degrees by a historical legacy of racism that is distinct from my Caribbean and African narrators’ rhetoric. My narrators’ use of prophetic rhetorics that confront and challenge our understanding of historically complex social issues, for example, racism, and how they operate within the context of HIV rhetorics, help to move audiences away from pathologizing black sexuality. Consequently, Black religious leaders’ social preaching, homiletically move audiences toward contextualizing black sexuality, i.e., within a social space where people of color are often acted upon, in terms, of their sexual decisions being influenced by larger social structures and issues.514

6.3.4 Black Churches: Liberating Spaces

In further examining disproportionate rates of HIV/AIDS starring down the African American community, we can see that African American women mostly bear the burden of new infections. While making up 12% of the US female population, African American women make

up 66% of new infections. Furthermore, HIV/AIDS is now the leading cause of death for African American women ages 25-34.\(^{515}\) With these statistics in mind, Hillary Clinton’s poignant statement emphatically identifies structural racism as the crucial factor in understanding why more has not been done to reduce the number of new HIV infections in Black American. In 2007, Clinton said, “If HIV/AIDS were the leading cause of death of white women between the ages of 25 and 34, there would be an outraged outcry in the country.”\(^{516}\) Taken together, these statistics and Clinton’s statements have huge implications for the Black church, as Black women are its majority constitutes.\(^{517}\) Racism, sexism, and patriarchy comes to the forefront of our discussion as this interlocking networking of oppression has mythologized black sexuality in general and black female sexuality in particular. Therefore, addressing the intersection of racism, sexism, patriarchy, and African American religion is a necessary and warranted point of inquiry when examining HIV/AIDS in Black America.

Michael Eric Dyson, Patricia Hill Collins, and Kelly Douglas, among others have written extensively on the dehumanization of the Black body at the hands of white supremacy.\(^{518}\) From the onset of Black existence in the US, the Black body was constructed as anything other than human and was viewed in “largely clinical and capitalist terms.”\(^{519}\) As victims of rape, violent assaults, Black women were considered “breeders,” and their bodies were the repositories of white lust. Consequently, African American women were deemed less than human and their

\(^{519}\) Dyson, “The Black Church,” 223.
sexuality was demonized.\textsuperscript{520} The institution of slavery and its aftermath, “nearly a century of institutionalized terrorism in the forms of segregation, lynching and second-class citizenship in America,” became the mechanisms through which white supremacist ideology degraded Black bodies in order to have control over them.\textsuperscript{521} The obsession and fear of black sexuality fostered negative myths and controlling images of black sexuality as the “evil, manipulative bitch,” Sapphire, “the sexless, long-suffering nurturer,” Aunt Jemima, and “the seductive temptress,” Jezebel. Consequently, Black sexuality has been and continues to be looked at with contempt and disgust.\textsuperscript{522} For example, in his work, \textit{Toms, Coons, Mulattoes, Mammies and Bucks: And Interpretive History of Black American Films}, Donald Bogle maintains the continuation and propagation of these oppressive stereotypes can still be found in media.\textsuperscript{523} The complex sexual history and relationship that the black female body has with racism, sexism, gender, and classism has merely been summarized here for the sake of brevity, but nonetheless continue to shape narratives about black sexuality. The impact of racism, sexism, and gendered violence upon the black body in its relationship to the Black church has implications for our discussion in that these implications gave rise to a complex response of accommodation and/or resistance tensions of white racist narratives about black sexuality in the Black church, among other institutions.

As an “invisible institution” the Black church provided a space for blacks to absorb and reject the larger societal sexual values. The rise of the Black church fostered discourses of resistance that contested racist stereotypes, narratives of self-hatred, and oppression of black bodies, while at the same time employed teachings and practices of sexual conservatism to


\textsuperscript{521} Cornel West, \textit{Race Matters} (Boston: Beacon Press, 1993), 85.

\textsuperscript{522} Ibid, 83.

\textsuperscript{523} Donald Bogle, \textit{Toms, Coons, Mulattoes, Mammies and Bucks: And Interpretive History of Black American Films} (New York: Continuum, 2001).
contest sexual stereotypes. Said another way, some black people engaged in sexual activity that aligned with white narratives about black hypersexuality and others responded in the polar opposite manner and “rigidly disciplined their sexual urges to erase stereotypes of excessive black sexuality.” Choosing the later approach, the Black church adopted a “conservative theology of sexuality” that was steeped in excessive white Puritan teaching and Victorian notions of respectability of sexual behavior, for women in particular. That is, African American men who were denied opportunities to asset their dominance and manhood during the institution of slavery, seized power and the opportunity to do so through the establishment of Black patriarchal, ecclesiastical orders that closely mirrored that of White religious leaders and they, like these white leaders, embraced Eurocentric patriarchal interpretations of scripture that subjugated and marginalized women.\textsuperscript{524} Demetrius K. Williams is correct in that post-emancipation, “the church was the place where the struggle for power and thirst for power could be satisfied” for African American men.\textsuperscript{525} Therefore, the woman’s ‘place’ was relegated to positions of domestic realms, e.g., wife, mother, caretaker. Within the church, women were relegated to additional roles, “which were extension of their motherly and wifely duties,” including singing, leading prayer, and in very isolated cases, preaching.\textsuperscript{526}

Profoundly shaped by White culture’s exploitation of the black body, the realities of sexuality within the Black church was approached with fear and silence producing a hegemonic

\textsuperscript{524} It is important to note that in her work, \textit{Ain’t I a Woman: Black Women and Feminism} (Boston; Beacon, 1981), 88, bell hooks puts forth that American patriarchy resonated with enslaved African men’s long held (i.e., before slavery) beliefs that men were superior to women. Therefore, American systems of patriarchy brought to surface these convictions rather than created these beliefs in enslaved Africans. See Demetrius Williams, \textit{An End to This Strife: The Politics of Gender in African American Churches} (New York: Augsburg Fortress, 2004): 107-119; Angela Davis, \textit{Blue Legacies and Black Feminism} (New York: Pantheon, 1998), 131; Carolyn McCrary, “The Wholeness of Women,” \textit{The journal of the Interdenominational Theological Center} XXV, no.3 (Spring 1998): 258-94; Maria A. Coleman, “African American Religion and Gender,” \textit{African American Religious Cultures}, ed. Anthony Pinn (Santa Barbara: Greenwood, 2009): 499-508; Dyson, “The Black Church,” 225.

\textsuperscript{525} Williams, \textit{An End To This Strife} 113.

\textsuperscript{526} Ibid., 108.
double bind in which Black sexuality was framed. Sex, then, became the duty of women in fulfilling the needs of their husbands and was unspoken of in the church unless discussed within procreation discourses. Competing religious discourses on sex constructed sex as evil, fleshly as opposed to spiritual, and being the work and sensual pleasures of Jezebel. These types of conservative theologies on sexuality found in many Black churches to date are the rhetorical offspring of the churches’ historical theological responses that were grounded in silence and fear. Given the importance and complexity of black sexuality, racism, and patriarchy within Black religious spaces, I cannot adequately cover the topic in this chapter. Nonetheless, I do not propose a complete analysis of black patriarchy and sexism within the Black church; rather, I seek to outline the general contours of this development as I look to understand the relationship between Black sexuality, sexism, and patriarchy in religious rhetorics concerning HIV/AIDS.

Men lead all of the churches represented in this chapter, but the voices included in this chapter include that of women who are in ministry leadership positions at their respective churches. In the next chapter, I introduce Dennis and Christine Wiley, a husband and wife couple who co-pastor Covenant Baptist Church in D.C. As such, Christine Wiley’s voice will represent the only female pastoral voice in the US context of this study. The identification of our religious narrators is noteworthy in that while the pastoral leadership represented in this chapter is all male, there is, however, a strong focus on black women and their vulnerability to HIV/AIDS that emerged in their rhetorics. As observed in my ethnographic fieldwork and interviews in my African countries, the rhetorical strategy of “covenant” and “ministry” groups are likewise recognized as a strategy used in rhetorics toward women infected or affected by HIV/AIDS in

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Garlington’s ministry. While he did not share more specifics about the dynamics of these groups, he did state that they met “once-a-week.” Ms. Katitia Pitts, however, shared some important strategies used in the HIV/AIDS ministry of GMCHC that beg to be examined more closely. Pitts’ rhetoric takes to task traditional and conservative discourses about women and their sexuality.

Concentrating on the historical double-bind of sex as procreation or as evil, Pitts, while speaking at the Mt. Calvary Holy Church of America, Inc., international convention\textsuperscript{529} stands in the sacred space at the podium and begins her talk with the “Bishops” and “pastor’s wives” by saying “sex, sex, sex is good!” Indicative of the taboo nature of sex and the conservative sexuality theologies deeply embedded in the discursive substratum of the church, the conservative leaders of the denomination had a visceral response to Pitts message. “It took a while for them to loosen up,” she noted. Nevertheless, from her opening statement, Pitts directs our attention as to how she used a sexual discourse of resistance as means of creating agency and liberation for black female sexuality within the church. In Foucauldian thought, Pitts’ sexual discourse characterizes sex as being neither evil nor solely for procreation, but “good” insofar as erotic pleasure helps to disrupt and dismantle the Black churches sexual politics and the maintenance of power steeped in White supremacist notions and interpretations of black sexuality.\textsuperscript{530} Kelly Douglas put forward the following characteristics of sexual discourses needed within the black community to challenge White culture. Discourses, such as those employed by Pitts, should not be conceptualized as mere reactive, counter-discourses but rather

\textsuperscript{529} Owens is the pastor of the predominantly black Greater Mount Calvary Holy Church in Washington, D.C. and Archbishop over the predominantly black, Mt. Calvary Holy Church of America, Inc., denomination that claims to have a network of churches in fifteen states and in various countries around the world. For more information, see “Church History” http://www.mchca.org/church-history. Accessed 4 January 2012.

as proactive and strategic discourses that are indicative of and emerging from a Black culture of resistance that seeks to frustrate anything that “threatens Black life and wholeness.” Douglas goes on to say that using sexual discourses of resistance “would expose the oppressive sexual politics of White culture while fostering positive, life affirming understanding of Black sexuality.”

During our interview, Pitts’ shared an explanation as to how her positionality as one who was not “raised in the church” has informed her sexual discourse of resistance that calls for “the church to re-think its message on sex.” “I was not raised in the church,” she said. “I was not taught that sex was bad. I was empowered.” Now as member of the church, Pitts believes that conservative sexual theologies contribute to the staying power of constructions of sex as either for procreation or for evil. “As Christians, she explained, “we have done the members a disservice because every time we discuss it [sex]: it’s very evil,” the one side of the binary. Then she went on to suggest that the other competing message about sex is “that the bed [i.e., married bed] is undefiled.” Given these narrow and historically situated restrictive definitions of sexuality within the church, Pitts stated, “there is no message that sex is pleasurable.” Thus, Pitts’ discourse of sexual resistance creates a life-giving alternative model of Black sexuality that challenges the “legalistic message” of “what you don’t do” with one that celebrates Black sexuality of women in particular, as a gift from God to be embraced.

As Douglas suggests, a sexual discourse of resistance must examine the sexual rhetoric of Black communities and also expose and critique the way White culture, and its residual effect on

531 Ibid., 69.
532 The statement the “The bed is undefiled” is quoted from Hebrews 13:4: “Marriage is honourable in all, and the bed undefiled: but whoremongers and adulterers God will judge.” The context of the verse clearly implies that the “bed” spoken of is within a marriage context, as opposed to the bed of “whoremongers” and “adulterers” who engage in sex outside of a marriage context.
Black religious culture continues to exploit and caricature Black sexuality. Pitts’s sexual discourses stand in opposition to both the Black church and racist ideologies surrounding black sexuality when she advocates for celebration of women’s sexuality within the black church. To this point, she continued, “for African American women, and from what our past has been from slavery up until now, we need a release. We need to be free.” Then, as if speaking directly to Jezebel discourses, Pitts said, “If a woman seems highly sexual, she is either seen as a fast or loose woman. It intimidates people if she feels too confident in her sexuality. [So] in a way you would have to hide it [sexuality] so someone [else] will feel comfortable.” Pitts acknowledges another level of meaning the Jezebel narrative and image took on in religious circles, one that disciplines black women’s attire, e.g., that which prohibited women from wearing red lipstick, form-fitting attire, pants, nail polish or open-toed shoes, through proscriptive sermons that characterized such attire as being beneath Black religious standards of respectability because clothing was believed to signify one’s moral standing. Pitts, however, is advocating for a different type of sexual discourse that helps to, as Cornel West argues, demythologize black sexuality, as she said, “I am not talking about clothing, [or] wearing tight clothing” but rather that women should be encouraged, empowered, and liberated in their sexuality that produces and embraces an “aura of just being ok [in their sexuality].” Pitts’s sexual discourses of resistance thus flatten secular and sacred binaries and discourses that relegated sexuality to the realm of the secular and, thereby, through her sexual discourses of resistance, rhetorically re-positions all conversations, both current and future, on black sexuality, in particular for women, in the realm of the sacred. Pitts said that from the beginning of GMCHC’s HIV/AIDS ministry, the focus has been on women.

534 Ibid., 37.
The mere presence of Pitts’s black, female, heterosexual rhetorical body saying “sex is good,” while occupying a gendered, sexist space of the pulpit also rhetorically functions as a sexual discourse of resistance as she transgresses gender roles in the church, i.e., being a woman in leadership. On another level she creates a rhetorical moment that produced a visible level of discomfort in her audience members, as her statement “the aura of being ok” in their Black sexuality introduces us to her marked religious rhetorics of, as Dyson calls them, “theologies of eroticism” informing her and GMCHC’s sexual discourses of resistance. Dyson argues that even in an “Age of Epidemic,” where messages rife with “panic” and “paranoia,” are replete, nevertheless, the fact remains that Black church must embrace theologies of eroticism that are celebrative and emancipatory rhetorics of Black sexuality. Admittedly, the receptivity of such theologies of eroticism (for example, Pitts’s motto, “sex is good”) are Dyson argues a “hard sell” in the Black church.\(^{536}\) In short, Dyson characterizes theologies of eroticism as rhetorics that are “rooted in honesty about black sexuality,” “promote safe sex,” embrace and preach abstinence first “as a powerful expression of sexuality…but also preach and teach about safe sex, combining condoms and common sense;” and that “place a premium on healthy mature relationships where lust it not mistaken for affection.”

Additionally, Dyson’s “theologies of eroticism” assist us in understanding sufficiently how condom distribution at Calvary Health Clinic falls within the rhetorical framework of Pitts’s sexual discourse of resistance and carry possibility for significant disruption and destabilization of power within conservative theologies of sexuality. In another revealing example, sexual discourses of resistance that are fundamentally Womanist in their standpoint are being used as part of GMCHC’s comprehensive rhetorical strategies: Pitts clarified for me that women in the church and community experience empowerment and liberation as they are equipped with

\(^{536}\) Dyson, “The Black Church,” 228
condom negotiation skills, communication skills, role playing, and in learning how to be assertive in relationships through the ministry’s 5 week “SISTA program,” specifically designed for sexually active African American women based on “social learning theory, gender and power theories.” At GMCHC’s HIV/AIDS sessions, women in the church are trained with communication skills to address topics of sex, which is an “uneasy subject,” Pitts claimed.

Given the silence and fear generated around the topic, it comes as no surprise that church women are inept as discussing such matters with potential [heterosexual] partners. “In our community, we meet someone in the church. They’re saved; we’re saved,” She explained. She continues: “We decide this is the one we want to be with, but do we even find out if you have even had an HIV test or what is some of your [sexual] background.” Pitts qualified her previous statement when she said “we may not want all those details,” by that she meant, “if you were flipped up, down,” or “bareback.” In empowering women to ask such questions, Pitts contends, such discussions will challenge and contest institutional silence around matters of black female sexuality in terms of women’s agency, i.e., their ability to determine and make informed choices about who they will have sex with. Furthermore, Pitts strongly suggest that “we” [women] need to “have that dialogue.” She lamented, however, that “people [women in the church] cannot have that conversation; they don’t know how to have that conversation.”


538 Pitts use of the word “saved” should be taken to mean individuals who have accepted Jesus Christ as their personal savior. This word is also used interchangeably with the term “born-again.”
Through discursive acts imbued with rhetorical discourses of sexual resistance black women have found a way to resist the internalization of their oppression through their participation in patriarchal, sexist, and male supremacist beliefs in Black churches. African American women in some black churches, e.g., GMCHC, are celebrating their sexuality, acting as sexual subjects through condom negotiation dialogues, communication skills, and in placing themselves at the center of conversations about their sexuality. African American women’s participation in small groups as identified in the GMCHC and Garlington’s ministry fosters rhetorical moments of identity formation as women share their narratives and hear stories of other women infected and affected with HIV/AIDS. These women are then able to internalize positive attitudes of self and others and that in turn builds and strengthens their self-esteem and spiritual infrastructure, thus creating a liberating space for African-American women, or as my analysis will later show, heterosexual women for the most part.539

6.3.5 The Black Church, HIV/AIDS and LGBTQ Communities

Black churches are not monolithic, nor do all black churches approach the issue of sexuality in their religious rhetorics. My interviews in the US further discovered a commonality shared between conservative religious voices I heard across the Diaspora as it relates to the issues of HIV/AIDS and sexual orientation, specifically, that of non-heterosexuals. Within the black churches, rhetorical approaches to non-heterosexuality range from “verbalized hostility” to

silence. Narrators in the US shared similar convictions on the issue of sexuality, i.e., LGBTQ, religion, and HIV/AIDS, as did most religious narrators in my African and Caribbean countries. In that I address more in-depth in two case-study chapters the consistent themes that emerged in rhetorics across the Diaspora on HIV/AIDS and sex, here I can only highlight Garlington’s and Pitts’s provocative comments, supported by excerpts of their rhetorics, in order to furnish important themes for interrogation within the context of black, US religious rhetorics.

While religious rhetorics that contribute to the maintenance of heteronormativity are unashamedly proclaimed in many Black religious spaces, the bodies of non-heterosexual worshipers are also equally present. Scholarship has identified the intersection of two salient social forces, racism and homophobia, as being major players in discourses that concentrate on non-heterosexuality and HIV/AIDS with black communities. Facing racism in GLBTQ communities and homophobia in the Black community, GLBTQ persons face a dilemma that forces them to choose whether one will identify with the GLBTQ communities or with the black community. The existence of homophobia in the Black community is uncontestable, as scholarship confirms. The Black church has been implicated as key conspirators in the proliferation of homophobia within their communities based upon “literal” interpretations of

biblical passages that are used to justify homophobia. For many black LGBTQ persons, attending black churches is an additional community that one is often forced to choose between, for example, which community one seeks most to identify with, i.e., black or Christian, or LGBTQ community.

Garlington, a mega-church pastor and international Christian speaker, believes that more gay men are living closeted lives in the church than in American society. He put it this way: “I move in a large world in which I have found that there are many, as more people in the church who are gay than there are in the community.” The relationship of the closet, the Black church, and the black LGBTQ believer functions in a paradoxical way, on the one hand, homosexual and other non-heterosexual orientations are preached on as “sin,” and, on the other hand, as Garlington acknowledges, in that gay men are very visible in the Black church. Case in point: “One classic arena is the Christian music world,” Garlington said. He goes on to note, “I used to think it was the black music world, but it is true of The Christian music world” (his emphasis). Garlington seems to confirm that gay men are not just in the church but they also make a sizeable musical contribution to worship services.

While nonetheless a closet, Garlington statement can be taken to support the claim made by others that the closet in the black church operates much like an “open closet,” in that in many churches a gay man, for example, could be found playing the Hammond B-3 organ or directing the choir, followed by a sermon in which the pastor vehemently preacher’s condemning homosexuality and non-heterosexual sex. The ever-present reality of the “open-closet” paradox raises the question how have religious leaders negotiated the tension between their rhetorics that denounce homosexual and the reality of visible homosexuals in the church. Given

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the aforementioned key roles that gay men and nonheterosexuals play in the church, Black religious leaders operate under a “don’t ask, don’t tell” policy. In other words, given the “special status” accorded many gay men in the church” that is commensurate with the “creative energy necessary to African American religious experience,” which they help to supply through the use of their gifts and talents, many gay men will downplay their sexuality or ‘pass’ as heterosexuals to maintain fellowship within religious communities. At the same time, religious leaders avoid conversations in which a gay member may explicitly disclose his sexual orientation, lest the preacher face a business/doctrinal dilemma and risk losing a vital component of his/her ministry, i.e., the gifts and talents supplied by a gay man.545

Dyson argues that the “don’t ask, don’t tell” policy enacted and performed on a weekly basis in many black churches is a rhetorical performance between both the preacher and homosexual man through complicity and contestation, also seen in a tension of accommodation and resistance. For the gay man in the “open closet” who plays the organ or directs the choir:

His presence at the end of such a sermon [one that rails against homosexuality] symbolizes a silent endorsement of the preacher’s message. Ironically, the presence of his gay Christian body at the highest moment of worship also negates the preacher’s attempt to censure his presence, erase his body and to deny his legitimacy as a child of God.546

That said, for many gay men the closeted life (open or not) becomes the method of negotiating one’s sexual identity in the black church, which often is exacerbated by additional stress from closeted behaviors that, according to Horace Griffin, “creates inescapable feelings of unworthiness and low self-esteem in African American lesbians and gay men.” These feelings in turn can possibly contribute to risky sexual behavior thus placing gays and lesbians at a higher risk for HIV infections. Nevertheless, scholars argue that even within religious spaces, rhetorics that challenge gay/lesbian binaries are often guilty of making invisible bisexual and other sexual minorities, e.g., transgenders. This claim has implications for religious rhetorics on HIV/AIDS in respect to our earlier conversation about the Black church and the “open-closet.” William Jeffries et al. argue, “Bisexual black men may be unique in their religious and spiritual experiences.” That is, in that many bisexual men do not identify as gay or do not disclose same-sex attractions, they often go under the radar of religious rhetorics that address homosexuality. Moreover, many bisexual men in the church elide the stigma associated with non-heterosexuals by marrying females, thus, ‘passing’ as a heterosexual man and couple. Consequently, Jeffries concludes, “bisexual Black men may not experience the condemnation that has caused many gays and lesbians to abandon organised religion.”

For the purpose of my analyses, I confine this section of my discussion to the pulpitized rhetorics on HIV/AIDS that address Black gay and bisexual men, as my narrators specifically

spoke to/about these two groups of sexual minorities in their rhetorics. My intent is not to
discount the religious experience of transgendered, transsexual, or queer/questioning members of
the black community and faith community. Rather, it is merely a means to maintain focus on
actual excerpts, sermons, and other forms of pulpitized rhetorics that can be studied to
extrapolate the rhetorical strategies in their rhetorics. In the next chapter, I discuss Covenant
Baptist Church, in Washington, D.C., the only “opening and affirming” church represented in the
African American context whose religious rhetorics speak to a wider spectrum of sexual
minorities within the black church.553

While the Black religious diversity of my study somewhat mirrors that of the wider US
context, it is the case that not all black pastors preach sermons that promote heteronormativity.
For example, in 2011 several black pastors in the Baltimore and Washington-area held a meeting
to apologize and ask forgiveness of the LGBT community for the church’s judgmental attitude
and rhetorics toward those who experience same-sex attractions.554 In another instance, black
religious leaders in the D.C. and Maryland areas weighed in with their public support of
marriage equality for gays and lesbians in the US. On the other, conservative, end of the
spectrum, Garlington’s position on non-heterosexual sex is akin to that of others, as he self-
identified his “evangelical fundamentalist” religious orientations. His reading of scripture is that
“homosexuality as a lifestyle” is addressed from the “standpoint of being an abomination.”
Theologically, “rooted within the Old Testament purview,” abominations, Garlington holds,
“carry a weightier degree in terms of severity.” Nevertheless, the fact that epidemiology has

553 “Opening and Affirming” is defined as a church that “publicly declared that gay, lesbian, bisexual (GLB) people
(or those of all sexual [inclusive of transgendered persons] orientations) are welcome in its full circle and ministry
(e.g., membership, leadership, employment, etc.” For more on this definition, see Open and Affirming Movement,
554 Delano Squires, “Black Church Leaders Ask For Forgiveness from LGBT Community,” 31 March 2011.
confirmed that HIV/AIDS was first reported among white homosexual men, Garlington’s evangelical, fundamentalist standpoint inform his position that HIV/AIDS is “not just a sin, but rather a virus as a result of sinful behavior being carried on.” One proposed solution to curb new HIV infection rates, Garlington adds, is “to practice what the scriptures call abstinence.” Emphasizing again for us that HIV/AIDS is not a judgment on a particular group of people (i.e., gays), Garlington states that “disobedience is a judgment issue” within the larger context of sexual practices of any orientations that are outside of the context of heterosexual marriage.

Garlington is one of the first pastors to address a sexual minority group outside of the heterosexual/homosexual binary. When discussing the high statistics of HIV positive African American women in the U.S., Garlington said, “one of the major causes [of new infections]… is the misbehavior of guys who are living on the down low. They are bisexual and they are practicing both ways.” The Down Low (DL), according to Layli Phillips, currently functions in popular imagination and in public discourse with the following key components: blackness, sex with men, secrecy, the appearance of sexuality and masculinity. Phillips contends that rhetorics, much like Garlington’s, “scapegoat” the DL for the HIV/AIDS epidemic in the Black community thereby shifting the focus on one’s sexual orientation rather than being properly placed on “sexually active people who don’t use protection” and the abdication of their personal responsibility in doing so. In her own words: “from a public health standpoint,” she advocates “it is more important that sexual partners exchange information about serostatus, risky sexual practices, and barrier usage than that they disclose information about their sexual orientation,”

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555 Phillips further claims “despite the “core” definitions, the DL has taken on additional nuances of meaning, some of the contradictory, even in popular sphere. See Layli Phillips, “Deconstructing “Down Low” Discourse: The Politics of Sexuality, Gender, Race, AIDS and Anxiety,” Journal of African American Studies 9, no. 2 (Fall 2005), 4.
because “unprotected sex permits the spread of HIV/AIDS, not sexual orientation.” Moreover, DL rhetorics also obscure larger structural issues of HIV/AIDS, e.g., poverty and HIV/AIDS.556

Akin to fellow clergy members, Garlington said that he provides ministry to any person infected and/or affected by HIV/AIDS. A patterned answer heard across the Diaspora during my travel was again echoed in another place when he said of his HIV/AIDS ministry “the most important issue is not, how you got the disease.” In addition to sexual intercourse, Garlington then acknowledges that, albeit not very likely, some could have acquired “the disease even through transfusion,” but again, he emphasized that the mode of transmission is not “the most important issue.” Undoubtedly, for some religious leaders espousing rhetorics that circumvent questions or conversations concerning how a person was infected with HIV functions, too, within the realm of “don’t ask, don’t tell” Christian rhetorical practices but on different terms. Such rhetorics are problematic in that for many non-heterosexuals, how they were infected with HIV/AIDS, i.e., through non-heterosexual sex, is an important matter to them and the church’s silence and/or refusal to talk about such topics often contributes to meeting the physical needs, e.g., financial and material support, of LGBT individuals infected with HIV, while simultaneously ignoring the attending emotional and psychological issues that persons who engage in non-heterosexual sex may experience.557

These excerpts from Garlington bring our discussion in this chapter to the last rhetorical strategy of dissociation that is deeply embedded within US African American/ Black religious rhetorics on HIV/AIDS. “Disobedience” and “choice” were two core themes recognized in pulpitized rhetorics. The theme of choice is recognized in Garlington’s teaching of reconciliation theology that proposes that the gospel is for all people, regardless as to the

556 Ibid., 9-10.
557 Chaney and Patrick, “The Invisibility of LGBT.”

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marker(s) of difference one embodies. Whereas doctrines and ideologies (e.g., racism, sexism) have divided the church, Garlington teaches that the church is the place where all people can and should co-exist. His methodology in achieving reconciliation is straightforward: “the church must rise above her identity in ethnicity and gender, above denominationalism and sectarianism and get on with the business of making disciples of all nations,” he said. Nevertheless, even as the church should extend the message of reconciliation to tackle the distinctions dividing the church, of which “HIV/AIDS” is one that Garlington plainly mentions, the attendant rhetoric of choice in respect to sexual practices is likewise present. Garlington explained how his messages of reconciliation takes into account HIV/AIDS as it cuts across sexual orientation. He explained, “I want the church to know that our goal is to extend the message of reconciliation. . .[;] so whether you have AIDS or some other kind of transmitted disease, there is room in the church for you, but there is little room for you if you wish to maintain a [non-heterosexual] lifestyle that is inconsistent with the gospel message.” How choice functions as a core theme in Garlington’s rhetoric is again exemplified as he, unlike some scholars, believes that non-heterosexuals have a choice whether or not to continue practicing non-heterosexual sexual practices. Thus, Garlington’s presentation of the message of reconciliation, on the one hand, embraces all people across the spectrum of difference, but, on the other, demands change in terms of one sexual practices, i.e., non-heterosexual practices in order to remain in the church. In no uncertain terms is this more evident than in his comment about non-heterosexuals who desire to remain integrated into the life and community in the church, in addition to receiving HIV/AIDS ministry. Upon completing a clear presentation of the church’s position on reconciliation and expectations of one who receives the message, if a non-heterosexual says, “I want to stay in this community. I want my life to conform to that [heterosexual models of sexuality], we begin to

558 See, Fullilove and Fullilove, “Stigma as an Obstacle.”
embrace you.” This statement is understood to mean that if non-heterosexuals agree to conform, internalize and perform heteronomativity, then they are welcomed to remain in the faith community.

During my interview with Pitts in Washington DC, she discussed how “choice” is a fundamental right that the “MSM community” often denies individuals who were once affiliated with their community to exercise. She explained that her contention:

[I]s that they [MSM community] do not give anyone the freedom to choose. When someone says they come to our congregation and “this [LGBTQ identities and sexualities] is not really who I am,” they do not give that person the freedom to say and choose a different path. . .[;] they say once you’re this, you’re this forever. That takes away that person’s freedom to choose.

Then much like Garlington and others, Pitts follows her statement with, “but as far as who we serve [in the HIV/AIDS ministry] it does not matter what your sexual orientation is.” I maintain that, Pitts and Garlington’s rhetorics are representative of “choice” rhetorics circulating in Black churches. Their rhetorics suggest that LGBTQ individuals have the power to choose whether or not to continue to practice non-heterosexual sex. Nevertheless, the rhetorical strategies of choice operate on deeper levels that speak to the issue of personal identity. Garlington noted an important idea of transcendence that informs some black religious rhetorics of choice in sexuality. Here I must briefly revisit an earlier statement from Garlington to help us unpack how transcendence functions as a tool in the rhetoric of choice in some Black churches. Garlington

559 MSM is an acronym used for Men who sleep with Men.
stated that the church must “rise above her identity in ethnicity and gender, above denominational and sectarianism and get on with the business of making disciples of all nations.”

With a great degree of certainty, I argue that Garlington’s identification of “ethnicity and gender” is not exhaustive of all social identity categories in the church but is representative of all social identities in the church. Garlington argues that the church must transcend these oppositional markers of identity in exchange for another, greater identity: one’s spiritual identity.

Specifically, it’s the common ground and shared spiritual essence of Christian believers that Garlington suggests that one transcends to. I quote at length his explanation:

> It took me a long time to accept the fact that who I am doesn’t make any difference in Christ, It only makes a difference when you are outside of Christ . . .

> . [Apostle] Paul tell us that in Christ “there is no Jew nor Greek” (there are no racial distinctions), “there is neither slave nor free man” (there are no socioeconomic class distinctions) and “there is neither male nor female” (there are no gender distinctions) [emphasis his].

From this quotation we can easily see Garlington’s rhetorical underpinning that suggest that in “being in Christ,” (i.e., in spiritual realm[s]), markers of difference are inconsequential and, conversely, that in being “outside of Christ,” (i.e., earthly realms), markers of difference are consequential. Garlington then uses this underpinning and argumentation strategy of dissociation to create a two-part scheme to address one’s identity “in Christ” and to address one’s identity “outside of Christ.” In other words, in Garlington’s rhetoric one’s spiritual identity in Christ is

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560 Garlington, Right or Reconciled.
561 Ibid., 11.
thus privileged or elevated above one’s socially constructed identities on earth. This strategy of
dissociation of spiritual identity over social identity emerged in religious rhetorics across the
Diaspora through a common statement made by several preachers who said to audiences, “you
are a spirit, you have a soul, and you live in a body” or in similar statement that human being are
“spiritual beings having and earthly experience and not an earthly beings having a spiritual
experience.” In these statements, one’s identity as a spirit being is valued higher than one’s
feelings, sexual attractions, skin color, and gender, as human beings.

The implications for HIV/AIDS become important as we think about how the
dissociation of spiritual identity versus social identity comes to bear in religious rhetorics of
choice. Garlington’s and others’ use of dissociation of spiritual identity versus social identity
should be taken to mean that knowledge of one’s spiritual identity will have implications for how
one lives out one’s social identities on earth. Therefore, the prescribed way to live out one’s
social identities is found in, as many of my narrators believe, fundamentalist interpretations of
the Bible. As a spiritual being, if one’s social identity, i.e., sexual orientation is not that of
heterosexuality, then one has the power, through “conversion therapies,” such as prayer and
other spiritual activities, to “choose” to lead heterosexual lifestyles.\(^6\) This form of dissociation
is the underlying strategy at work in Garlington’s, Pitts’s, and other religious leaders’ rhetoric of
choice that inform their larger rhetorics on HIV/AIDS and sexuality.

In this final analysis chapter, I focus our attention on the HIV/AIDS religious rhetorics of the Revs. Dennis and Christine Wiley, co-pastors of Covenant Baptist Church in Washington, D.C. To begin, I present a brief historical and biographical sketch of Covenant Baptist Church, Drs. Dennis and Christine Wiley, and their HIV/AIDS ministry. Then, I present my analysis of the Wileys’ rhetorical justifications, strategies, and warrants used in their HIV/AIDS rhetorics. As with previous case-study chapters, I frame my discussion of the Wileys’ rhetorics through the conceptualization of the Black church as providing safe, prophetic, progressive, and liberating spaces. Nonetheless, as we see in the chapter, the Wileys’ rhetorics and rhetorical performances on HIV/AIDS included several warrants, justifications, and strategies used by my religious narrators across the Diaspora. However, they present the most radically progressive rhetorics on HIV/AIDS represented in this study. Their progressiveness compels me to augment my working
conceptualization of space to include the notion of the Black church as an inclusive and oppositional space.

7.1 PASTORAL BIOGRAPHICAL SKETCH

Nestled in the southwest section of Washington, D.C., is Covenant Baptist Church (CBC) led by co-pastors Dennis and Christine Wiley. For many people of color who live in the southwest section of the Capital, CBC shines as beacon of refuge, healing, and care, as the church ministers in the 8th ward---the most poverty stricken and hardest hit area in terms of HIV infections in the district.\textsuperscript{563} While CBC is considered to be a traditional “Black church,” its “all-white” beginning played a pivotal role in shaping the church’s later overall ministerial direction and social focus. The all-white CBC was founded in 1945 and was then made up of a Southern Baptist congregation. After occupying two properties to hold their worship services, CBC moved in 1950 to the present location at 3845 South Capital Street. The move to that location came complete with a “new educational building” and other ministry facilities. Even as the church was experiencing the acquisition of their new properties, the membership was experiencing a rapid decline “due to the changing racial makeup of the surrounding community.” Between 1945 and 1968, the church experienced a significant turnover in pastoral leadership beginning with Revs. Harry How (1944-47), Frank Squires (1947-60), Roy Snell (1960-63), and Moncrief Jordan

\textsuperscript{563} Dr. Pierre Vigilance, interview by Christopher A. House, October 8, 2011, digital recording in possession of interviewer.
(1963-68), the latter whom in 1968 resigned due to the church’s inability to provide him financial support due to the precipitous decline in membership.\footnote{Covenenat Baptist Church, “History of Covenant Baptist Church” <http://covenantbaptistucc.org/?page_id=51> accessed 4 March 2012}

In 1969, the church experienced a shift in its racial make-up when the Rev. H. Wesley Wiley became CBC’s first African American pastor to lead the dwindling yet still mostly white congregation. His visionary leadership paved the way for his successor, his son, Dennis Wiley, to lead the church into a significant “socio-economic transition.” Nevertheless, under the leadership of Wesley Wiley the church experienced the shift from being a predominantly white to a predominantly black congregation. Additionally, the membership experienced tremendous growth, “the establishment of an early childhood school and the organization of a gospel choir.” Wesley Wiley retired from the ministry in 1984, when Dennis assumed the leadership helm. Dennis Wiley is now in his twenty-sixth year of service at CBC.\footnote{Covenant Baptist Church, “History of Covenant Baptist Church”  <http://covenantbaptistucc.org/?page_id=51> accessed 4 March 2012.}

\section*{7.1.1 Drs. Dennis and Christine Wiley}

Described as a “church based pastor-scholar” who seeks to “bridge the gap between the church and the academy,” Dennis has a leadership style that has been characterized as “prophetic pastoral.”\footnote{“Covenant Baptist Church UCC Receives 2011 National Clergy Renewal Program Grant,” 7 December 2011 <http://covenantbaptistucc.org/?p=1588> accessed 4 March 2012.} A native of Winton-Salem, North Carolina, he earned a Bachelors of Arts degree, magna cum laude, from Harvard University, Master of Divinity degree from Howard University, and a Masters of Philosophy and Doctor of Philosophy degree from Union Theological
Seminary. According to the church’s website, his vision for CBC has been to “reinforce and broaden the church’s reputation as a beacon of hope, compassion, inclusiveness, and liberation for all who are oppressed, downtrodden and marginalized.” Dennis, the pastor-scholar, is a published author of several scholarly essays and popular magazine articles.

Under Wiley’s early years of leadership, CBC enjoyed impressive socio-economic achievements, including the retirement of the church’s mortgage, founding of a 501C-3 community development corporation---Covenant Full Potential Development Center---and, in general, “the inclusion of women at every level of church leadership.” CBC’s vision for the inclusion of women in ministry was perhaps best seen in 2004, when the congregation extended the call of the pastorate to Christine Wiley, thus making CBC the first traditional Baptist church in the D.C. area to call a husband and wife to share the office as co-pastors, “sharing equal authority and equal responsibility.” Christine Wiley, affectionately known as “Pastor Chris,” was not a novice in ministry when she was called to co-pastor, as she had previously served CBC for nineteen years as the assistant pastor to her husband.

Akin to her husband, the learned Christine Wiley holds a Doctor of Ministry degree in Pastoral Counseling and Psychotherapy from Garrett Evangelical Theological Seminary, a Masters of Divinity and Bachelor of Science degree from Howard University, a Diploma in Nursing from Freedmen’s Hospital School of Nursing, and, at the time of my first interview with

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568 Covenant Baptist Church, “History of Covenant Baptist Church.”
570 For a complete biography, see “Dr. Dennis Wiley” < http://covenantbaptistucc.org/?page_id=79>
her in 2009, she was pursuing a second Doctor of Philosophy degree in Social Work from Howard University School of Social Work.\textsuperscript{571} Combining her “mental health background” with “creative ministry initiatives and pastoral modalities,” Pastor Chris’ twenty-eight years of pastoral ministry has had extensive reach, touching both secular and sacred arenas, including her service to, for example, the Washington Diocese of the Episcopal Church, as Vice-president of D.C.’s Mayoral Religious Affairs Committee, and as a member of both the Executive Committee and Strategy Leadership Team of the Washington Interfaith Network and Co-chair of D.C. Clergy for United Marriage Equality.\textsuperscript{572} She is also the author of several scholarly articles.\textsuperscript{573} Together, Pastors Dennis and Christine have been serving in ministry together at CBC as pastor and assistant pastor since 1985, and as co-pastors since 2004. Under their leadership, CBC provides traditional ministries of Evangelism and Outreach, Worship Intercession, Christian Education, Stewardship, Nurture, The Collective Banking Group, Inc., and, of considerable importance to us, a HIV/AIDS ministry. CBC also places strong ministry emphasis on the area of social justice through their commitment, for example, to marriage equality, D.C. voting rights, and ex-offender re-entry programs.

\textsuperscript{572} For a complete biography and listing of Pastor Chris’ service Covenant’s website, see “Dr. Christine Wiley” <http://covenantbaptistucc.org/?page_id=76>.
7.2 DRS. WILEYS’ PULPITIZED RELIGIOUS RHETORICS ON HIV/AIDS

In October 2010 and September 2011, I spent considerable time with the Wileys, performing ethnographic fieldwork, oral history interviewing, and participant observation at CBC. Based upon my early cluster-criticism analysis of CBC’s “History of Covenant Baptist Church” webpage, I immediately identified the following key/God terms used to describe the ministry’s worldview, theological standpoint, and hermeneutical trajectory: “priestly,” “prophetic,” “progressive,” “co-equal,” “inclusiveness,” “partnership,” “practical,” and “passion.” CBC characterizes its approach to urban ministry as “cutting edge” and “progressive”; it succinctly articulates its vision statement that functions as the rhetorical backdrop for my discussion of their HIV/AIDS religious rhetorics. Their rhetorical vision: “Affirming our African Heritage, our vision is to build an inclusive body of biblical believers who continue to grow in Christ as we love, serve, fellowship with the community and each other” (emphasis mine). This situates well within my discussion of CBC’s rhetors within the framework of safe, prophetic, progressive, and liberating spaces. Likewise, the Wileys’ rhetorics challenge and augment my framework to conceptualize the church also as an inclusive and oppositional space.

7.2.1 The Black Community, Marginalization(s) and HIV/AIDS

The preceding chapters support and have sufficiently documented how people of color across the Diaspora are disproportionately infected and affected by HIV/AIDS. The scholarship and statistics presented in the respective overview chapters and the anecdotal evidence given me in oral history interviews from my religious narrators all speak to the gravity of the debilitating
presence and devastating impact of the disease in the countries under consideration in this study. Therefore, whereas the disease was once sexualized as the ‘gay disease’ it has now been rhetorically constructed and racialized as the ‘black disease,’ that is, the Black community’s disease.  

Nevertheless, the following analysis of the contextualized (i.e., 8th Ward of the District of Columbia) rhetorics of Drs. Dennis and Christine Wiley challenge our understanding of HIV/AIDS being the ‘Black disease.’ Rather, their rhetorics suggest that as a response to the stratification of the Black community, HIV/AIDS for a long time was not viewed as a ‘Black community’ issue, but was rather an issue relegated to affecting a specific segment of the black community, whom CBC sought to minister to: the “oppressed, downtrodden, and marginalized.”  

That is to say, within the Black community, HIV/AIDS first hit drug users, prostitutes, and gay men. To help us better examine how the Wileys have used their rhetorics to transform their church into a safe, prophetic, progressive, inclusive, and oppositional space, it is first worthwhile to discuss Cathy Cohen’s important theoretical framework of advanced marginalization. That theory promises to hone our analysis of the implications of the black community stratification and the power and privilege afforded to some black individuals to decide what issues are considered ‘black community issues” and are thus deemed worthy of the Black communities full attention or not.

In her book, *The Boundaries of Blackness: The Politics of AIDS and the Breakdown of Black Politics*, Cathy Cohen argues that discussions of HIV/AIDS as simply being a racial consensus issue is problematic in that such analytic lenses overlook the stratification “along the

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575 Covenant Baptist Chruch, “History of Covenant Baptist Church.”
lines of class, gender, and sexuality” within the Black community.\textsuperscript{577} In other words, Cohen rejects the “linked fate” rhetoric that purports to “tap into a racial group framework, initiating feelings of linked fate and the perception of advancing the interests of the entire black community” that are consequently “more likely to be “‘owned’” as community issues meriting group political mobilization.”\textsuperscript{578} Nevertheless, Cohen argues that the politics of African American communities are “contradictory” in that even as multiple identities within those communities are recognized, many African American leaders and organizations have consistently espoused “a politic rooted in a unidimensional understanding of racial identity, where the status of middle-class, male, or heterosexual provides privilege and attention.”\textsuperscript{579} Similarly, Kevin Gaines argues that social issues that are taken up and addressed within the “black political agenda” are issues that are deemed respectable and legitimate to those who occupy privileged statuses.\textsuperscript{580} For example, Cohen puts forth that through the rhetoric of linked-fate, issues that affect Black men are constructed as “representative of the condition of an entire community and thus worthy of a group response.”\textsuperscript{581} Conversely, as opposed to advancing a linked-fate political framework, Cohen’s notion of advanced marginalization provides an alternative lens to examine stratification as it cuts across HIV/AIDS within the Black community and the subsequent response, or lack thereof, from the Black community to this disease. Cohen maintains that the system of exclusion at work within black communities, in terms of the overall response, or lack of it, to HIV/AIDS is the result of advanced marginalization. Advanced marginalization, she says, “allows for limited mobility [into Dominant society] on the part of

\textsuperscript{577} Ibid., 9.  
\textsuperscript{578} Ibid., 11.  
\textsuperscript{579} Ibid., 19.  
\textsuperscript{581} Cohen, \textit{Boundries of Blackness}, 11.
some marginal group members, but also transfers much of the direct management of other, less privileged marginal group members to individuals who share the same group identity." So, for example, Cohen argues that those African Americans--i.e., those who occupy privileged identity status, have “secured unprecedented access to dominant institutions,” and have some degree of involvement in decision making--“confront incentives to promote and prioritize those issues and members, i.e., those of similar privileged statuses, thought to “‘enhance’” the public image of the group.” Simultaneously, however, they both control and render invisible group members, in our case, gay folk, men who sleep with men, intravenous drug uses, and certain issues, e.g., HIV/AIDS, that are “perceived to threaten the status of the community.” Cohen insists that in examining responses to HIV/AIDS, the process of “satisfaction and intersection—in which issues are no longer understood as all-encompassing racial issues or experienced by all members of the community,” better equips us to see clearly how HIV/AIDS, in particular, is what she terms a “cross-cutting issue.” Rejecting the explanation of “linked fate” (again, what affects one segment of the community affects the entire community), Cohen argues for a concept of “cross-cutting issues,” which refer to concerns that “disproportionately and directly affect only certain segments of a marginal group.” Therefore the apathetic response of the middle-class, working-class, and elite black communities, organizations, civic, political and religious leaders is perhaps best understood through a “qualified link fate framework that takes into account stratification and intersection of multiple identities within a marginalized group.”

Cohen explains:

A more accurate characterization of political positioning of most black Americans is that of a qualified linked fate, whereby not every black

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582 Ibid., 27.
583 Ibid., 14- 27.
person in crisis is seen as equally essential to the survival of the community, as an equally representative proxy of our own individual interests, and thus as equally worthy of political support of other African Americans.\textsuperscript{584}

Therefore, the ‘expendables’ of the black community, such as gay black men and injection drug users, were not seen as representative proxies of the community nor was the disease that first wrecked havoc in this subset of a racially marginalized social groups deemed worthy of attention from those in power and privilege as a collective ‘black community’ issue.

From a stratification and intersection standpoint, Cohen correctly poses the defining analytical questions concerning Black political agenda setting: “who is ‘worthy’ of support by the larger black community.” In “concrete ways,” she concludes, cross-cutting issues, such as HIV/AIDS, represent the distinct, racialized, and fragmented experience of black communities that “threatens a perceived unified black groups’ identity and interest and the corresponding reduction in the probability and effectiveness of political mobilization of blacks as a group.” The Wileys’ oral history interview excerpts below support Cohen’s subsequent claim that even as blacks were marginalized racially in the U.S. through rhetorical silence on the cross-cutting political issue of HIV/AIDS and the rhetorical acts of invisibility performed upon those first affected by it, black elites, including religious leaders, employed their own “indigenous” form of marginalization, i.e., secondary marginalization. Simply put, secondary marginalization replicates rhetorics of blame and punishment directed toward those first affected by HIV/AIDS, i.e., the vulnerable, stigmatized, and “expendable” gay black male, men who sleep with men, and

\textsuperscript{584} Ibid., xi.
intravenous drug users.\textsuperscript{585} It is these marginalized individuals who embody multiple oppressed identities to whom Dennis and Christine Wiley use their religious rhetorics to minister.

### 7.2.2 The Wileys’, HIV/AIDS and Black Safe Spaces

As I sat in his posh North Capital Street corner office overlooking Capitol Hill, Dr. Pierre Vigilance, Director of Public Health for Washington, D.C., matter-of-factly walked over to his map of the District and pointed out for me where the 8\textsuperscript{th} ward is. The 8\textsuperscript{th} ward, also called “the other side of the tracks,” Vigilance said, had the highest incidences of HIV/AIDS, as well as the highest rates of poverty, unemployment, persons without high school diplomas, etc., in the District.\textsuperscript{586} The ward is predominately occupied by persons of color. As noted above, the CBC reflected a congregational shift in its demographic in 1969 from predominantly white to predominantly black. As part of their rhetorical vision to “affirm our African heritage” for their downtrodden community members, pastors Dennis and Christian have used priestly rhetorics to embrace, affirm, and validate black experiences and identities as a necessary first step in creating a safe space in which they would later begin to address HIV/AIDS.

CBC’s rhetorical emphasis on creating a safe space for people of color is unashamedly presented in its larger-than-life affirming visual representations of black biblical characters memorialized in the stained-glass windows displayed throughout the sanctuary of the church. Most noticeable is the largest of all the stained-glass icons, a visual depiction of what appeared

\textsuperscript{585} Ibid., 14, 27.
\textsuperscript{586} Dr. Pierre Vigilance, interview by Christopher A. House, October 8, 2011, digital recording in possession of interviewer.
to be a black Jesus Christ symbolically standing in power high above the pulpit in the church. Along the two sides of the church are other stained-glass images that affirm black identities and experiences. For example, written in a caption under one window on which is a collage representing black women in ministry, the medical field, and the sciences, is the word “Inclusiveness” followed by Joel 2:28 “I will pour out my spirit on all flesh; your sons and your daughters shall prophesy. . . .” On another stained glass window is a collage of Black civil rights leaders, e.g., Malcolm X and Rosa Parks, that also features prominently a representation of Dr. Martin Luther King. The caption under this window reads “Liberation” followed by Luke 4:18, “The Spirit of the Lord God is upon me because He has. . .sent me to let the oppressed go free.”

In other examples are stained glass windows that depict black people helping each other out in times of need, with a caption underneath that reads “SERVICE” followed by an inscription of Matthew 25: 35, 36: “For I was hungry and you gave me food. . .thirsty and you gave me something to drink. . .a stranger and you welcomed me. . .naked and you gave me clothing. . .sick and you took care of me. . .in prison and you visited me.” Another window depicts what is believed to represent the hands of God descending out of the heavens extending toward a black young man who is kneeling with his hands extended towards the heavens. Under that window the caption reads “COMPASSION.” Perhaps for this writer what was the most striking stained-glass window in the church was one that depicted the left half of the face of a black man joined to the right half of the face of a black woman, who together represented the first black human being created in the image of God. To confirm my inference, the caption beneath the window read “CREATION” and was followed by these words: “So God created humankind in His image, in the image of God (She) created them; male and female (God) created them.” To further affirm the black identity, experiences, and contributions to theological thought and praxis, tucked in

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587 This verse has been modified from the Genesis 2:7.
back of each pew in the church were several copies of the “African American Heritage Hymnal,” filled with hymns and songs that are rooted in the Black church’s oral tradition.588

The final example of religious rhetorics used by the Wileys to create an affirming safe space for black people living in the 8th ward of the District were Pastor Dennis and Christine’s sermonic rhetorics. The pastors have illuminated, in my oral history interviews, that they unapologetically subscribe to a brand of Black Theology to inform their sermons and other rhetorical enterprises in ministering to their congregants. Case in point, in one of his articles, Dennis enumerates several key features of what he calls “Black Theology in Praxis” (emphasis his). He writes that some of the more “successful congregations,” which have incorporated Black Theology in “practical ways,” are easily discernable by, for example, having “a well-educated clergy and a heavy African-centered approach. . . with a heavy accent on the gospel as well as other music from the African American experience, and emphasis on wearing African garbs on certain Sundays throughout the year, the celebration of Kwanzaa in addition to Christian holidays. . ., a strong focus on community outreach, socio-political action involving the entire congregation…, and other programs designed to enhance self-esteem and develop positive values” among black people.589 For example, CBC holds an annual African Heritage Day at the church, where congregants and church leaders alike dress in dashikis, kaftans, and other attire that reflects and affirms the church’s African-American and African roots. During one sermon, Dennis preached on the subject: “Why it is Important to Observe Black History Month?” and the choir sang a medley of songs that chronicled the arduous journey of enslaved Africans from the

shores of Africa through the Middle Passage and up to current moments in contemporary America.\footnote{For more information, see Covenant Baptist Church, “African American Heritage Service February 27, 2011” <http://covenantbaptistucc.org/?p=545> accessed March 12, 2012.}

In sum, we can identify these rhetorical tools as being situated within a genre of priestly rhetorics, i.e., visual and discursive statements that affirm the cultural heritage of black people that is at play in the Wileys’ transformation of their sacred space to a safe space for people of color. Consequently, such types of priestly rhetorics function as competing discourses against dominant discourses that mark the black body as that of which is evil and that mark black contributions to civilization as less than that of whites. The Wileys’ use of priestly rhetorics aim to reconstitute black identities as subjects made in the image of God. In first transforming CBC into a safe space for black people, the Wileys invariably open up the possibility for creating subsequent prophetic, liberating, inclusive, progressive, and empowering spaces within the larger safe space that specifically ministers to those affected by Cohen’s cross-cutting issues.

In addition to sharing some “features” of successful congregations that incorporate Black Theology, Dennis shared three additional points that likewise illustrate how the Black church “ought to reflect the praxis of Black Theology” today: (1) a new openness to the challenging and often uncomfortable process of submitting to a radical self-critique; (2) a new willingness to empower laity to do theology from the bottom up, instead of perpetuating their dependency on having it always done for them by the professional theologians and clergy from the top down; and (3) a new commitment on the part of the Black church to close the gap between herself and the African American community.\footnote{Dennis Wiley, “Black Theology in Praxis,” 146.} Interestingly, his three additional points inform the rhetorical oppositional justifications, warrants, and strategies that underlie the Wileys’ religious rhetorics that take-up HIV/AIDS. Therefore, I frame my discussion of the Wileys’ rhetorics
within this three-point framework for the balance of this discussion, as I unpack how they minister on HIV/AIDS to the most vulnerable and marginalized members of African American community. That is, I explain how Dennis Wiley’s first point correlates to the materialization of the CBC functioning as a prophetic, inclusive, and oppositional space that emerges as the church engaged in a radical self-critique. His second point correlates to the church’s performance of being an empowering, progressive and liberating space for PLWHA and sexual minorities. Lastly, I show how his third point correlates to his rhetorical strategy of politicization in his efforts to “close the gap” between the Black church, the Black community, and the subset of blacks who are most adversely affected by HIV/AIDS. Let us now look briefly at the rhetorical justifications, warrants, and underpinning of Pastors Dennis and Christine Wiley’s rhetorics on HIV/AIDS that have created each of these spaces.

7.2.3 The Wileys’, CBC and Inclusive Spaces

From the onset of my ethnographic study of CBC and during my oral history interviews with Dennis and Christine Wiley, it became very apparent that CBC was the first church represented in this study to have created an inclusive space in which to minister to black people across multiple marginalized identities within the context of HIV/AIDS. This leads me to my observation of the first rhetorical underpinning in the Wileys’ religious rhetorics: the use of the oppositional rhetorics of inclusion that challenge the status quo of traditionally conservative theological views on sexuality, gender, sex, and sexual orientation. As noted above, in 1969, 

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CBC began to experience a racial shift in its congregation under the leadership of Dennis’ father, H. Wesley Wiley. Similarly, Dennis and Christine Wiley led the church through a radical shift marked by a strong emphasis on the message of inclusion, one owed primarily to their “openness to the challenging and often uncomfortable process of submitting to a radical self-critique.”

Such a self-critique of the Black church, in particular, forced Dennis to come face-to-face with the limitations of Black Theology. His calls for “radical self-critique,” however, do not necessarily mean the abandonment of Black Theology, altogether. Rather, he argues that:

While the Black Church must continue to draw from the discipline of Black Theology to affirm African American people, on the one hand, and to sharpen the analysis of, and the struggle against, a racist society on the other hand, its most difficult and necessary task at this juncture is to liberate the Black Church and Black people from their own oppressive tendencies.

Wiley’s comment is instructive as he echoes the argument of Cohen in her analysis of the oppressive systems of exclusion that privileged blacks have used against other blacks who were further marginalized within the Black community based upon multiple non-privileged identities. Wiley further contends that the process of radical self-critique begins with the “deromanticization” of the Church. Deromanticization, according to him, is a painful process by
which the Black Church refuses to remain “blind” to “its weaknesses and its shortcomings.” Christine explains that her husband experienced this process as a younger man, which led him to reconsider some of his earlier beliefs regarding a major point of contention surrounding religious rhetoric on HIV/AIDS: sexual orientation. In 1972, Dennis, a recent Harvard grad, was self-described as being just as “homophobic as anybody” else. However, it was at his first job as a high school guidance counselor in a school for the arts where Wiley confronted the tension between his homophobia and black racial identity as he interacted with another black male heterosexual employee and “a number of a few gay students” at the school. Christine said that Dennis “noticed that there was another brother who was straight and who didn’t seem to have the [homophobic] hang-ups.” Metaphorically, I argue, this gentleman and the lack of his “hang-ups” functioned as a prophetic mirror for Wiley by which he was able to then engage in a radical-self critique that revealed the root cause of his homophobia. In that moment of self-critique, Wiley realized that “this [homophobia]. . . has more to do with me than it has to do with them [the gay students].” This personal radical self-critique continued through his later years of study as a seminarian, culminating in his doctoral work in theology. It was in his doctoral program at Union Theological Seminary, where Dennis began his scholarship in the area of ministering to non-heterosexuals, an area of ministry that the Wileys claim is their divine “calling.”

Rather than to “evade the complex issues” that the church seeks to avoid through her acts of rhetorical silence or through her ‘don’t ask don’t tell policies’ shrouding non-heterosexual

595 Ibid., 146.
596 Dr. Christine Wiley, interviewed by Christopher A. House, December 12, 2010, digital recording in possession of interviewer.
practices, Dennis challenged what he believes is a conservative “narrow biblical literalism” in favor of a “more liberating biblical hermeneutic.” Thus, in speaking, Dennis and Christine Wiley have incorporated rhetorics of inclusion to critique the limitations of Black theology, in that, Black Theology calls attention namely to the oppression of racism at the expense of ignoring multiple other forms of oppression affecting Black people. Consequently, Wiley further challenged the religious status quo through his rhetorical acts of inclusion that moved him “beyond providing ‘easy’ answers based on shoddy exegesis and mechanical proof-texting.” Instead, he moved closer to addressing critical issues such as “sexism, classism, AIDS, single parenthood,” for example, and in supporting those whom the church has not sought to support, i.e., PLWHA, LGBTQ, and women. Wiley, “Black Theology as Praxis,” 147.

7.2.4 The Wileys, Women, and Liberating Spaces

CBC is a church where the religious leaders are deliberate about empowering women, “lifting up that there is no position that women can’t hold.” In his writings and sermons Dennis


used his prophetic rhetorics to call the Black sexist church to task concerning the oppressive practices of concocting “theological justifications for the oppression of our women, without whom,” he adds, “there would exist no such thing as the Black Church.” Wiley then prophetically argued for a “weeding out process” that would destabilize the “male-centered organizational structure for our churches.” The rhetorical payoff for such a process would be “the equal involvement of women at every level of power” in the church. CBC began rhetorically to create a safe, liberating, and inclusive space for women at every level of ministry, while also tackling the issues affecting them. The clearest example was seen in 2004, when the church made a significant rhetorical move in electing Dennis and Christine Wiley as “co-equal” pastors rather than having Christine continue to function in her ministry capacity as Dennis’s assistant pastor. From this move, CBC engaged in an oppositional rhetorical tactic that challenges patriarchy and sexism rooted in the language of the Black church. CBC also countered the gendered division of labor that placed men in the highest power of position in the church, i.e., the pastor, while relegating women to being that of helpers or ‘assistants’ to the pastor, if they were even allowed that space. Thus, the Wileys’ oppositional strategy of resistance creates agency for women to demand and create space in the church at every level thus claiming their equality. Moreover, in 2004 CBC was the first black church in the metropolitan D.C. area to call a husband and wife team to serve together as pastors sharing “equal authority and equal responsibility,” thereby clearly marking CBC as an oppositional religious space that challenges the oppressive, patriarchal, and sexist practices of churches.

600 Ibid., 148.
601 Ibid., 148.
602 Demetrius Williams, *An End to This Strife*, 113.
603 Covenant Baptist Church, “History of Covenant Baptist Church.”
In another example that is worth revisiting and thinking through further, we can see how CBC again challenges the institutional Black church’s use of patriarchal language in the exclusive use of God spoken of in predominantly masculine pronouns, i.e., “He.” The Wileys’ rhetorics of inclusion were not just limited to sermons that speak to the need for equality for women, but is also seen in one very important example of visual rhetoric mentioned earlier: the stained-glass windows of the church. The first window we should reconsider depicts what appears to be the left half of the face of a black man joined to the right half face of a black woman, who together represented the first human created in the image of God. Most importantly for us to note at this moment, however, is the inscription underneath the picture and the scripture reference accompanying it. Beneath the window read the word “CREATION” followed by these words: “So God created humankind in His image, in the image of God (She) created them; male and female (God) created them.”604 Through the interjection of “She” instead of “He” the Wileys seek to destabilize the oppressive use of language that reinforces patriarchy at the institutional level. In addition, the interjection of “She” instead of “He” in the use of scripture make visible the internalization of gendered language and in doing so works to then subvert the oppressive political, social, religious and economic structures that are undergirded by such language.605

The second window depicts a collage representing black women working in various vocations and in careers where men have traditional dominated those spaces, for example, the ministry, the medical field, and the sciences. As mentioned earlier, under this window is written the word, “Inclusiveness” followed by a scriptural reference to Joel 2:28. I will speak later to the oppositional rhetorical strategy of the re-interpretation of scripture that underpins and informs all

604 This verse has been modified from the Genesis 2:7.
of the Wileys’ rhetorical strategies and tools. Still, taken together, the designation of Christine Wiley as “co-equal,” and rhetorically saturated visual displays of stained-glass windows support my claim of CBC being a safe, liberating, and inclusive space for women, in that, such rhetorical acts and visual rhetorics challenge gender divisions both in the church and within society that perpetuate gender hierarchies in the workplace and ‘sex role spillover,’ i.e., the assigning of women to certain occupations that were socially constructed as “natural” for women, for example, domestic roles.\textsuperscript{606} Williams argues that historically, within the Black church that the decision-making roles were occupied by men and the roles and duties of women in the church “were extensions of their motherly and wifely duties, namely, nurturing, cooking, and cleaning.”\textsuperscript{607} Therefore, the Wileys’ uses of oppositional tactics destabilize the gendered roles of men and women in the church, thus making the church a more equitable space for women. Subsequently, liberation messages heard in CBC simultaneously empowered women and LGBTQ “brothers and sisters” because of the way “sexism is connected to heterosexism” Christine said.

\subsection{7.2.5 The Wileys’, CBC and LGBTQ Communities}

Having worked through his homophobic issues as a young man, now the much older, Dennis along with Christine told me that their congregation, which had become predominantly black in the sixties, now in 2010, is predominantly made up of same-sex couples, even though

\begin{footnotesize}
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\item Williams, \textit{An End to this Strife}, 108.
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the Wileys identify themselves as heterosexual. In no other church represented in this study, did I find such a strong non-heterosexual following of heterosexual religious leaders. This raises the question of what accounts for such an anomaly. Dennis Wiley’s aforementioned articulation of two of the three ways that the Black church ought to reflect Black Theology in praxis cites: “a new openness to the challenging and often uncomfortable process of submitting to a radical self-critique,” and “a new willingness to empower laity to do theology from the bottom up, instead of perpetuating their dependency on having it always done from them by the professional theologians and clergy from the top down.” These two points, I contend, are central to our understanding of how the shift from a predominantly heterosexual to non-heterosexual congregation took place. Furthermore, these points also provide another useful lens needed to identify additional rhetorical strategies, justifications, and warrants used to create safe, liberating, and inclusive spaces for LGBTQ community members, which can reframe HIV/AIDS as a cross-cutting issue.

The Wileys employed a “bottom up” theology, or a “re-interpretation of the Bible,” a byproduct of their radical self-critique, that “does not condone oppression in any form or from any source---even if that source is the Black church.” In other words, just as the radical self-critique exposed the sexist practices within the church, heterosexism was exposed as the result of sustained critique. Dennis’ use of Black Theology takes into account how others who seek to affirm the racial identity of being black further marginalized other black people who also identify as non-heterosexual. Thus, Wiley finds a tension between rhetorics rooted in the affirmation of one’s racial identity and rhetorics that affirm multiple identities rooted in theology. This is to say that in no uncertain terms did Wiley address the rhetorical tension between Afrocentricity and

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609 Ibid., 148.
Christianity found at the axis of one’s racial and religious identities. He warns black churches that embrace Afrocentric epistemologies, much like his does, that, and I quote at length:

Even a popular and necessary concept like “Afrocentricity” must not be uncritically appropriated by the Black Church, without first purging it of any and all trappings, which may be oppressive to other human beings . . . while it is good and positive that we should reclaim our African heritage, by the same token, it is also good and positive for us to understand that just because it comes from Africa does not make it right. Thus, when the Black Church finds that Afrocentricity supports sexism or any other form of oppression of our sisters or our brothers that aspect must be soundly and uncompromising rejected in the light of the gospel of Jesus Christ. Black Theology has the purpose of helping us to not only do what is “Black” but also what is “right.”

Much like many of my African American/Black narrators introduced in the preceding chapter who recognized that sometimes a tension emerges between one’s spiritual identity and one social identity, e.g. Joseph Garlington, Wiley, too, hints at this tension in the aforementioned statement. Akin to Garlington, Wiley’s rhetorics make available for our analysis his use of dissociation. He concludes that, “. . .the question of “what does it mean to be Black and Christian” is not always an easy question to answer.” He speaks directly to a pronounced dialectical tension salient across the Diaspora in my narrators’ rhetorics: “when the particularity of our earthly existence rubs

\[610\] Ibid., 149.
against the universality of our ultimate significance, there is bound to be a tension sometimes.”

Christine, however, spoke directly to their rhetorical strategy to negotiate that tension through her rhetorical use of dissociation. In their faith tradition she emphatically preaches, “Christ is still over culture!” Christ, or that is, following the example of Christ is valued and cultural values that conflict with those teaching are devalued. Thus, what is of Christ, at least for the Wiley’s, then, is the full inclusion of LGBTQ persons within the church. The justification for such a position is found in Wiley’s re-interpretation of scriptures that are what he believes to be the result of hegemonic “top-down” heterosexist interpretations of scripture that have been passed down, codified in books, and/or passed along from the pastor or a theological expert. Patricia Hill Collins argues that hegemonic power locates its significance in the ability to shape consciousness through the manipulation of ideas, signs, discourses, and symbols.

Theology, then, falls within the realm of possibility, of holding forth liberating potentialities insofar as it helps to define norms and what constitutes acceptable and respectable sexual practices. Thus, Dennis and Christine Wiley turn a critical eye towards the ways in which specific biblical passages have been interpreted to oppress sexual minorities. The Wileys’ rhetorics thus call on the Black church to re-examine its position on homosexuality. Arguing that Black Church would rather often mimic “the evangelical and fundamentalist White churches which condemn homosexuals as having consciously chosen a sinful lifestyle,” the Wileys challenge the Black church to think more deeply to consider the “possibility that these individuals may have had no more of a role in determining their sexuality than the rest of us have

611 Ibid., 150.
had in determining our sexuality.” The justification for such oppositional rhetorics speaks to the Wileys’ use of intersecting theologies of Black Theology, Womanist Theologies and Gay and Lesbian theologies. That is, from a “historical-critical” method of interpretation that challenges conservative and Eurocentric interpretations of scripture that forbid all same sex relationship in favor of preaching a qualified rhetoric that claims that the said anti-homosexuality scriptures were not speaking to, as the Wileys put it, “monogamous same gender loving couples.” To the institutional black church, then, the Wileys prophetically ask, “could we look at the scripture [through a historical-critical lens] and see what was going on at the time when they say all this stuff is sin?” Christine goes so far as to even question the legitimacy of calling the Black churches’ anti-homosexuality discourses ‘theology.’ She claims such discourses are rooted in “cultural anthropology,” and not biblical theology. She explained:

We’re not able to make some of the in-roads because of cultural anthropology, that’s what it is. Because it has nothing to do with theology. It has to do with sociology. . .what your grandmother said, what the preacher that you grew up with said, and how scripture was interpreted.

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In addition to performing oppositional historical-critical readings of the Bible, the Wileys empower LGBTQ “brothers and sisters” to perform “bottom up” theology. Rooted in LGBTQ theologies, the Wiley’s encourage their LGBTQ “brothers and sisters” to engage in an oppositional strategy of theological reflection that does not seek to reconcile their non-heterosexual experiences with the Bible and the Christian tradition. The non-heterosexual experience becomes as a third source of authority for constructing Christian theology. In other words, according to Daniel Spencer, LGBTQ theories “draw on the authority of the full humanity of lgbt [sic] persons and experience to critique the homophobic, heterosexist, and sexist dimensions of the Bible tradition as not authoritative for theology.” Rather through rhetorical acts of “theological reflection,” the Wileys encourage LGBTQ “brothers and sisters” to read scripture and then ask “how to do you feel about this? What do you think about this? Where is God in this?” Furthermore, the Wileys encourage their LGBTQ parishioners to “think more critically about the Bible” and to know that “it’s okay to ask questions.” Thus, the rhetorical outcome is to eradicate top-down power-driven conceptions of theology thereby producing “bottom-up” power relations. Authority for interpretation, then, is located in the body, i.e., relationally, rather than externally or directionally one-way. In other words, the Wiley’s empower their LGBTQ “brothers and sisters” to “come up with something different [read: interpretation] regarding their sexuality in non-oppressive ways.” Through the use of these rhetorical strategies, the Wileys attempt to normalize non-heterosexual identities oppose to participating in dominant religious discourses that demonize them, as same-sex couples are

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618 Ibid., 270.
welcomed and affirmed in their church. Case in point: CBC was the only church and HIV/AIDS ministry represented in this study that displayed and promoted safe sex practices on posters that depicted same-sex couples.

Gender, then, is constructed as something that is fluid as opposed to dynamic in CBC, and hegemonic binaries of homosexual/heterosexuals are disrupted as the church is inclusive of transgendered, queer, and questioning “brothers and sisters,” Dennis Wiley noted. In CBC, there is no single dominant sexual orientation and heterosexual hegemony is further destabilized, when, for example, just shortly after same-sex marriage became legal in DC on March 9, 2010, the Wileys were the first pastors of a traditionally black church to perform a same-sex marriages, the speech-act of which challenged the idea that marriage belongs exclusively in the domain of heterosexuals. Moreover, the act of performing same-sex marriages helps us to distinguish the rhetorical performance of the ceremony as a legitimation strategy to help bolster their rhetorics that affirm non-normative relationship.

The use of priestly rhetorics comes to the forefront of the Wiley’s rhetorical tools in ministering to sexual minorities, who Christine said, have “had a life of discrimination and a lot of brokenness.” Many, she said, “don’t quite believe that they are really equal in God’s eyes.” The Wileys responded to this exigence of feelings of despair and rejection with priestly rhetorics that affirm both the religious, racial, sexual identities and sexual practices of non-heterosexuals, evidenced by statements heard in sermons such as, “you can be holy and homosexual at the same time!” Wiley’s use of priestly rhetorics that affirm non-heterosexual identities, as in the previous example, beg to be situated within the rhetorical sanctuary of CBC for a deeper analysis. It is again at the intersection of communication, space, design, and visual rhetoric that together allow

622 Ibid., 8.
me to spot the Wileys’ use of priestly rhetoric. Although there is not a stained-glass icon in the church depicting non-heterosexual relationships, one window is loaded with the possibility of rhetorically affirming non-heterosexual identities. Specifically, the stained-glass window depicting the portrait of a black Jesus, standing with open arms, facing the direction of the pews in the church that on Sunday morning will be filled with predominantly non-heterosexual audience members is infused with rhetorical possibility within the larger context of the Wileys’ priestly rhetorics, e.g., “you can be holy and homosexual.” In other words, for a non-heterosexuals in the audience to hear Wiley in her sermon say, for example that, you can be homosexual/bi-sexual/transgender/queer and holy, and then look up over the pulpit to see a visually affirming representation of Jesus standing with open arms extended toward them arguably creates a rhetorically intoxicating, affirming, and inclusive space.

In what on the surface appears to be a contradiction of my earlier argument that explains how the Wileys emphasize experiences over the authority of scripture, but more accurately is another example of the dynamism of the black church in rhetorically shifting between the poles of resistance and accommodation, as with my other narrators interviewed in this study, the Bible, too, in some cases functions as the Wiley’s justification for their priestly rhetorics. Case in point, Dennis Wiley cited John 3:16 as one scripture that he has used to inform his priestly rhetoric, which reads: “For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life.” Wiley said that he zeroed in on the “whosoever” believeth piece that speaks to an egalitarian opportunity for fellowship with Christ and his church, “regardless of cultural or social categories that we put someone in.” That said, his message to all simply is that: “God loves them.” It is important to note here that of the two co-equal pastors, Dennis preached most of the affirming sermons for non-heterosexuals, in

particularly, gay men, while Christine spoke first about HIV/AIDS. I will speak to Christine’s sermons a little later. First, however, I think it is important to think about the rhetorical strategy in having Dennis, a black, male, well-educated, heterosexual, to preach affirming sermons to non-heterosexuals. He said, in doing so his purpose was to deconstruct and allay “the fear of the straight black male” that many non-heterosexuals who have been oppressed by straight black males have internalized. In his own words, he explained what was rhetorically transpiring while delivered these affirming sermons. I think it is important to quote him at length:

When you talk about privilege, then we [black, straight men] have those symbols of privilege that have been most oppressive to our LGBTQ brothers and sisters because you can’t separate the whole issue of sexual orientation and heterosexism from racism and sexism. Because all of those things are sort of intertwined because for the black male, the church has been the only arena historically where the black male has had a significant degree of power. And that power has been used to keep women in ‘their place,’ and, of course, then naturally it would mean that a male who does not conduct himself in a sort of normative understanding of what male means, [that is] macho and all that kind of stuff, in sort of a heteronormative way, then those persons are also suppressed and pushed aside.

As if understanding the oppositional stance of his church regarding the inclusion of sexual minorities and in challenging these hegemonic notions of masculinity and femininity, he said, “I know some who are in opposition to our affirmation of our LGBTQ brothers and sisters.” During
my interview the Wileys repeatedly referred to sexual minorities who help make up their congregations as “brothers and sisters,” thus revealing another strategy of identification rhetoric at work in their ministry. Said another way, through their use of familial language that is inclusive of Black LGBTQ individuals, the Wileys rhetorically redefine the family or children of God so as to include marginalized sexual minorities. In so doing, they make identification between heterosexuals and non-heterosexuals possible within the church. In the following excerpt, the impact of rhetorics of identification, coupled with the priestly rhetorics of affirmation together have helped the Wileys to create, safe, liberating, inclusive, and healing spaces for LGBTQ “brothers and sisters.” For example, Dennis shared:

In one session we just had a transgendered woman to say that before [coming] to this church she was really thinking about taking her life. Not only have we done violence toward them in physical ways, but also through the words we say. The words that we speak also do violence to one’s spirit and soul. . .Unless you have walked a mile in their shoes, then you have no right to condemn. The underlying message has to do with love, justice, equality, and freedom.

That underlying message has come with a price, however. “We lost people over the co-pastorate. We lost people over the issue of inclusion,” Christine mentioned. However, the “main piece” that “got people mad” rested at the intersection of inclusion, sexuality, and HIV/AIDS. Christine shared with me a revealing statement made by some members of the church. In response to the

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church’s move toward speaking across difference to sexual orientation and HIV/AIDS, they said: “all well, you know all people need Jesus. He healed all people those living with AIDS and gay people.” Christine and Dennis characterized the actions of those type members as being merely “tolerating,” and not inclusive of PLWHA. The “high stigma rate,” Christine believes, “goes back directly to the church.” Cohen’s theory of advanced and secondary forms of marginalization rooted in identity hierarchies within the Black community informs Wiley’s hermeneutic of suspicion concerning the motives of some black churches who are now addressing HIV/AIDS. That is, Christine was well aware of the fact that most Black religious leaders were very slow to address the disease when it first affected and wreaked havoc on the lives of the most marginalized members of the black community. Now, however, Black religious leaders have a more ‘respectable’ justification for addressing the issues as it now disproportionally affects the church’s main constituents. According to her suspicion, Black religious leaders’ preaching about HIV/AIDS has become the “politically correct thing to do” in Wiley’s eyes, in that “it’s now okay [for other Black leaders] to talk about it [HIV/AIDS] because it’s affecting women and not gays.” Nevertheless, from the beginning of the Wileys’ HIV/AIDS ministry, there was little doubt that ministering to PLWHA was their “area of calling.” That calling led them to create a safe space that addressed HIV/AIDS as it cut across race, class, gender, sexual orientation, and sex.
7.2.6 The Wileys’, HIV/AIDS and Safe Spaces

During my time with them, Dennis and Christine Wiley shared that they began addressing HIV/AIDS in their ministry around 1985 at time when “little was known about the modes of transmission.” While time and space does not allow for me to share every detail of the Wileys’ beginnings in HIV/AIDS ministry, there are two stories that cut to the heart of the question of why CBC first became a safe, progressive, prophetic, oppositional and inclusive space for PLWHA. First, let me briefly share how one unfortunate event helped to shape the future of CBC in terms of strengthening its commitments to ministering to people infected and affected by HIV/AIDS in the 8th ward.

Within a sacred rhetorical context steeped in Black theology that strongly affirmed the existence, presence, and experiences of Black people, CBC seemed well positioned to become a safe space for people who experienced multiple systems of oppressions that cut across, for example, class, sexual orientation, gender, and HIV serostatus. It all came about when the occupants of a building located directly across the street from CBC experienced an unfortunate event. Christine said that CBC received a phone call for help from the Max Robinson Center that was situated across the street from the church. She said they were “looking for a place to stay” because their roof had collapsed. The Max Robinson Center was an STD testing clinic in the District. The Wileys agreed to allow the Center to occupy the basement of the church to house their clinic until their roof was repaired. What was initially intended to be a very short stay for the clinic, later turned into a multi-year occupancy. During that time, “many staff persons joined the church” and the mission of the Max Robinson Center seemed to become enmeshed with the mission of the church as the Center’s events were printed in the church bulletin. Thus,

625 For more information on the Max Robinson Center, see their website at http://www.whitman-walker.org/
HIV/AIDS became a unifying theme in the church and, for the first time, both the theme of AIDS and worship occupied the same rhetorical sacred space through moments, for example, when CBC would have “worship services” while “displaying the [AIDS] quilt” at the same time. The use of space as a rhetorical strategy used in religious rhetorics in the Wileys ministry brings us to an important observation, that is, CBC is the only church represented in this study that has actually housed their HIV/AIDS clinic within the physical space of the church. Whereas my other case-study chapters that feature Sithole in South Africa and Taylor in Jamaica both had their HIV/AIDS clinics housed in a separate building outside of the church, CBC, starting with the Max Robinson Center and now their own HIV/AIDS clinic, continues to house their HIV/AIDS clinic within the main church structure, thus blurring the lines between the sacred and the secular as it relates to the HIV/AIDS epidemic in a profound way. This blurring becomes even more apparent when we consider that during the worship services that the AIDS quilt was also displayed in the sanctuary.626 Therefore, through such rhetorical uses of communication, space, and design, coupled with religious rituals that centered the HIV/AIDS epidemic within the purview of a religious worship context, I argue that uses of religious rhetorics, spaces, and rituals hold clues as to how the bi-directional priestly and prophetic momentum shapes the Wileys’ larger rhetorics. That is, there exists an implicit rhetorical thrust that seeks first to bridge alienation between humankind and God. This represents a vertical rhetorical direction with God through worship and their uses of priestly rhetorics. This is accompanied by an implicit rhetorical thrust that seeks secondly to bridge alienation among humankind across oppositional difference. This thus represents a horizontal rhetorical direction which addresses their prophetic

concern for fellow believers, indicated through the displaying of the AIDS quilt, which speaks to those who have died due to AIDS related complication and to PLWHA in the 8th ward community and the multiple systems of oppression, marginalization and inequalities that they experience on a daily basis. Moreover, the union of these two entities in the Black church taking up the case of HIV/AIDS also contributes to the recognition of CBC as an oppositional space that challenges the religious, political, and social status quo, insofar as it further incorporates oppositional rhetorical strategies to address HIV/AIDS. This is to say, these entities have relegated HIV/AIDS to the secular margins of society never to meet a shared space of the political, social, and religious spaces of the Black elite and middle-class segments of the community.

What started out as the result of an unfortunate event for the Max Robinson Center turned out to be a pivotal moment for CBC, in that, from the beginning of that moment until the present, CBC has been leading the way in HIV/AIDS ministry in its community. Pastors Wiley shared a very poignant story about the first person in their church who was HIV positive, but, sadly, by the time they discovered it, she was now living with full-blown AIDS. “A young woman began coming to our church,” Dennis said, and the young lady along with her two children was “welcomed and received” by the church when suddenly she became ill. Arguably, feeling the weight and shame of the stigma of her illness, this woman told the Wileys that “she had cancer,” only later to reveal that she was “living with AIDS.” As with other believers in the church, this woman wanted to be baptized, even though she was very frail. Christine recalled telling this woman, “if you want to be baptized, we don’t have to immerse you. We can sprinkle you if you’re too ill.” The Wileys thought it would be best to baptize the woman at her house because she was “too weak.” Nevertheless, the woman insisted on being baptized at the church. Because
“she could not walk into the [baptismal] pool,” Christine said, Dennis “had to take her in his arms and immerse her.” While she called this a “moving piece,” in the same breath, she spoke to the rhetorical silence and stigma that surrounded this woman and the disease within their church: “it was a don’t ask, don’t tell” thing. Christine concluded, “everybody knew but as long as we didn’t ask and name it, nobody could complain about the woman being in the pool,” as at time some people in church and community believed, in addition to the other modes of transmission, that HIV was a waterborne disease.

The second story speaks to the intersection of sexual orientation, race, and HIV/AIDS. A young man who was a member of the church in his earlier years “exhibited some behaviors that seemed like he was kind of struggling with his identity in terms of his sexual orientation,” Dennis surmised. During those years, Dennis was the youth pastor at the church and after counseling with him, the young man “came out” to Dennis. Many years later, the young man “came out to his family.” For some years, however, the young man walked away from the church and returned many years later, “openly gay, in terms of who he was” and HIV positive. The Wileys “received him” and subsequently asked him to head-up their HIV/AIDS ministry. The safe, liberating, inclusive spaces mentioned above that address the intersection of racial identity and sexual orientation together contributed to the construction of another space that addressed his health status that was “such a blessing to him” to be “received and affirmed back at his own home church without having to hide and pretend and where he could be authentically who he was,” Christine recounted. Unfortunately, the young man later died of AIDS related-

complications. The Wileys took the time to share with me the last conversation that they had with this black gay man living with AIDS that arguably shed light on the rhetorical promise that the constructions of safe, progressive, liberating, inclusive, oppositional, and empowering spaces, much like those at CBC, hold for PLWHA. On his deathbed his final words were that, “he was so grateful that space” in his own church was created “where he could be of service and be who he was” (emphasis mine). Such excerpts raise the question of: what rhetorical tools, strategies, and warrants did the Wileys have at their disposal to create spaces that speak across difference in ministering to marginalized identities around the issues of HIV/AIDS?

Sermons were one the major ways that the Wiley’s broke the silence and gave voice to HIV/AIDS, challenged AIDSphobia and apartAIDS, subsequently creating a safe space in CBC for people living with HIV/AIDS. 628 Because of her medical background, Christine was the first of the two to start preaching sermons about HIV/AIDS. For example, she once preached a riveting sermon entitled, “Jesus in the Wilderness: Lions, Tigers and Bears, Oh My!” The thesis of her message centered around the gospel writer Luke’s account of Jesus being in wilderness and dealing with several instances of temptation, or, as she put it, Christ “having the strength to choose God and not to choose to submit to the temptation.” Rather than employing the language of “sin” to characterize the actions of one who yields to temptation, Christine, through the use of a rhetorical tool discussed at length earlier, identificational (re)naming, preaches about the possibility that Christ could have engaged in “some risky behavior and jumped off the building, risky behavior and eaten the bread” in response to those temptations that he encountered in the wilderness. 629 Setting up her argument from analogy, Christine’s continued use of the word

628 I draw on Elias Farajaje-Jones definitions of AIDSphobia and apartAIDS in his work “Breaking Silence,” 154; that is, AIDSphobia, “the fear of AIDS and people living with AIDS” and AparthAIDS, “the systematic discrimination against and seperating out of people living with AIDS.”
629 Burke, Rhetoric of Motives, 86
“risky behavior,” as opposed to saying, for example, Christ could have yielded to temptation (i.e., sinned against God), is part of her larger strategy of identificational (re)naming of, as she said, “not putting a label on conduct,” that other religious leaders have nonetheless deemed as sin. Then in making the argument from analogy between Christ and his refusal to engage in “risky behavior” in order to secure from her audience identificational renaming, Christine explained, “we’ve talked about risky behavior” that syllogizes, “if you do certain things [engage in risky behavior], [then] certain things [consequences] are going to happen.” For example, I observed that in my interview with the Wileys, the word “sin” was noticeably absent. When I asked if their rhetorics had addressed notions of sin, the Wileys confirmed my initial thought of identificational (re)naming being used as one of their rhetorical tools as they spoke only of specific sexual acts that are deemed ‘sin’ within the institutional Black Church in response to my inquiry. Christine swiftly responded, “we don’t say if you have sex outside of marriage that’s a sin. But we do say that we don’t believe homosexuality is a sin.” Instead of using the word “sin” to describe the sexual practices and the perceived association held between them and HIV/AIDS in dominant discourses, the Wileys thus spoke of those very same unprotected sexual practices simply as, “risky behavior.” The rhetorical shift in language from “sin” to “risky behavior” was then undeniable, as they said they have moved away “from the legalistic understanding of sin” and toward rhetorics about “being in healthy relationship with God and our brothers and sisters.” Those “healthy relationships” with “brothers and sisters” is taken to mean sexual relationship, as they further explained, “God does not want you to be engaged in behaviors that are detrimental to yourself and behaviors that are detrimental to your brothers and sisters.”

630 For example, see Mark Kowalewski, “Religious Constructions of the AIDS Crisis,” *Sociological Analysis* 51, no. 1 (1990): 91-96.
Through the rhetorical use of identificational (re)naming, the Wileys have created a culture in which it is liberating to talk about sexual issues that the institutional Black church has rendered taboo. Case in point, Christine, was not raised in the church like her husband Dennis, and said she never has understood the church’s culture of silence around sexuality, specifically, masturbation. “It boggled my mind when I first came to the church and realized that people in the church felt that masturbation was sin.” She continued, “I didn’t know that that’s how church people felt.” Rather than to perpetuate the culture of silence around sexuality that often leads to feeling of shame, guilt, and thus feeding into a vicious cycle that fosters more closeted risky behavior that can lead to HIV infections, Christine challenged that signified meaning of masturbation as sin.631 Through identificational (re)naming, she rhetorically set out to “put a new paradigm” on masturbation in posing the following rhetorically saturated question, “could this [masturbation] be a gift from God?” In the same breath, Dennis, however maintains that such rhetorics that advocate for the celebration of sexual acts, e.g., masturbation must included a caveat that challenges individuals not to simply embrace the physical pleasure of sex at the larger expense of ignoring “detrimental behaviors” towards oneself or others that also invariably lead to painful experiences associated with sex. He calls these practice, “sexolotry,” that is, “the idolization or romanticization of sex to the extent that we celebrate its pleasure at the expense of disregarding its pain.”632 Nevertheless, in utilizing the rhetorical act of identificational (re)naming, Wiley normalizes and destigmatizes sex acts that dominant conservative religious discourses problematize. Moreover, the Wileys’ use of the rhetorical strategy of identificational (re)naming concerning sexuality grants agency to congregants through the freedom to be honest about disclosing sexual secrets, that are loaded with potential of becoming pathways of

liberation, rather than mechanisms of alienation through concealment. As I critically considered further the Wileys’ oppositional rhetorics, a dialectical tension became apparent between their rhetorical acts of resistance and that of accommodation. The Wileys’ “bottom-up” theology oppositionally challenges and subverts the bedrock of the institutional church, and by that I mean, the belief in the inerrancy, infallibility, and divine inspiration of the Bible, as the word of God. For example, in his article, “Spirit in the Dark: Sexuality and Spirituality in the Black Church,” Dennis Wiley flat out call several verses of scripture where the Apostle Paul instructs single people to either practice celibacy or to marry if they cannot contain their sexual passion, “bad theology.” The oppositional nature of the use of Wiley’s claim of “bad theology” is seen in that the book of 1 Corinthians is considered by scholarly consensus one of the undisputed Pauline epistles in the New Testament. Thus, to the institutional Black church, Wiley’s rhetorics can be taken as an oppositional assault of resistance on the divine, infallible and inerrant nature of scripture. If Dennis, then, resists and seeks to dismantle the binary resolution to Christian sexual ethics, it follows then that he would argue in favor of a third option, at least. However, Wiley’s later statement creates a rhetorical conundrum, in that, he leaves his audience caught in the dialectic tension as his rhetorics then swing back toward the accommodation side of religious sexual ethics for the unmarried: abstinence. In response to churches that follow Paul’s teaching, he concludes:

Thus, it seems to me, the church must do more than give unwise and impractical counsel to people---men and women---who are struggling to live holy lives in the midst of complex circumstances. Am I advocating

634 See 1 Corinthians 7:7-9.
635 Williams, An End to This Strife, 53.
sex outside of marriage? No, I am not, because I realize that that advice also carries with it the potential for a lot of serious and complicated problems. What I am saying, however, is that the Black church should stop always trying to take the easy way out by giving black and white answers to gray questions.⁶³⁶

Even as Wiley takes the church to task for “taking the easy way out,” I argue that his rhetorics are equally problematic. This is to say, Wiley’s rhetoric attempts to subvert the very top-down authoritative foundation of the belief in the inerrancy and infallibility of the Bible, by challenging the theological truth-claims of the most prolific author in scripture, the Apostle Paul. In challenging such binary truth-claims concerning Christian sexual ethics, Wiley raises critical questions that look for way to escape from the Pauline double bind, i.e., masturbation as a gift from God; nevertheless, he leaves his audience with no definitive theological, biblically defensible answer to support such escapes. Wiley then does a rhetorical about-face and states emphatically that he is not advocating for sex outside the context of marriage. At least for this writer, it remains unclear as to what Wiley is exactly proposing as a future course of action for unmarried believers regarding their sexuality. Therefore, Wiley’s argument abandons his audience on the horns of a rhetorical dilemma. On the one hand, he challenges and subverts the truth-claims of scripture, and, on the other hand, he then provides no scriptural justification and rationale, which is the most persuasive argument for Black religious audiences, to support, what I argue is a veiled claim that masturbation is indeed a gift from God.⁶³⁷ As he critiques the institutional church, Wiley clearly does not take the “easy way” on such issues. Rather, I argue

that his negotiation of this rhetorical tension leads his audience right back to the Pauline binary that he attempted to dismantle.

The second example of Christine’s religious rhetorics that she shared with me was that of a bible study teaching based on a study of the 139th division of Psalms, with particular focus on verses 13 and 14. Her discussion of this study shed an incredible amount of light on the rhetorical justification and underpinning of such rhetorics, in that, they are rooted in “bottom-up” theology that also inflect their own subversive meanings.638 In that study, Christine said, “we went through that entire Psalm 139 because they [i.e. the church] did to people who are gay like they did people who were on drugs ‘y’all going to hell.’” Then, drawing my attention to verses 13 and 14 of Psalms 139 which reads, “(13) For you created my inmost being; you knit me together in my mother’s womb. (14) I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well.”639 Her next statement was instructive as it revealed yet another strategy at work within her rhetorical use of this text. From verses 13 and 14 she taught her audience that concerning their sexual orientation, “you were formed in your mother’s womb and this is who you are.” She later explained to me how this verse informs her rhetoric in that, she said, “we don’t come out of the framework that you chose to be this way or that it’s a lifestyle.” Thus, from these comments we can begin to see that there is a rhetoric of “self-liberation” woven into the fabric of the Wileys’ larger rhetorics on HIV/AIDS. My use of the term rhetorics of “self-liberation” to describe the rhetorical tool latent in statements as that stated above, is to suggest that the Wileys’ rhetorics further make an effort to liberate people from the “guilt associated of having a non-heterosexual orientation” and is inclusive of liberation

639 Holy Bible, New International Version
from “individual guilt and stigma associated with HIV-risk behaviors for a HIV positive serostatus” that cuts across sexual orientation, gender, and sex.⁶⁴⁰

Rhetorics of liberations, then, coupled with priestly rhetorics directed toward women, non-heterosexuals, and PLWHA can also be seen as the Wileys’ rhetorically maneuvering to reconstitute the bodies of women, non-heterosexuals, and PLWHA as holy bodies, made in the image of God, rather than as rhetorical constructions of corporeal sites of sins, profane sexualities, the other, and evil personified.⁶⁴¹ In addition to “whole sermons focused on AIDS,” CBC also addresses HIV/AIDS through their various ministries, for example, in youth ministry, where Christine recalled, that there are teenagers participating in role-playing condom negotiation. The Wileys insist that sermons alone are insufficient to bring about their desired results of their rhetorics directed toward teenagers, which is “making sure that you [the teenagers] have one [a condom] in your pocket and in your pocketbooks.” Whereas sermons tend to inspire people which often have a strong impact but for a short amount of time, role playing, watching videos, talking in groups, and debriefing with young people tends to bring about a sustained rhetorical empowerment. “Just to speak about it is not enough because you can hear it but not feel empowered enough to do it.” Thus, the rhetorical performance and role-playing are seen as a crucial aspect of the Wileys’ religious rhetorics in that they help to bridge the divide between sermons, or the “spoken theology” and “lived theology,” that is, the day-to-day negotiations of sexuality among the Black communities’ most marginalized members. In tandem with these rhetorical performances, incentives are used as a rhetorical means to encourage HIV testing at the church’s clinic. In one case, the young adults’ ministry of CBC sponsored a poetry slam that was devoted to raising HIV/AIDS education and awareness. During the poetry slam,

people were encouraged to get tested for HIV. Incentives in the form of $15 gift card from the Safeway grocery chain was given away to every person who was tested were used to bolster the rhetorical efforts initiated by spoken word poems dedicated to HIV/AIDS. At these poetry slams, the Wileys stated that about 35-40 people are tested each night. Arguably, the compelling nature of these rhetorical incentives speaks to the class dynamic in the 8th ward of D.C. The rhetorical outcome, however, is that with such numbers of people getting tested a “culture has been such that it’s [HIV] not stigmatized here,” they claimed.

Akin to other narrators interviewed for this study, CBC utilized coalition rhetorics in the twilight years of starting their own AIDS ministry and pastoral counseling. Starting first with training peer educators in their own church, the Wileys, too, tapped into the rhetorical power of the shifting pulpit as they pulpitized traditionally non-religious spaces through their peer educators, or as we have come to identify in this study, rhetorical emissaries sent out from their church to “do community education... in libraries, community groups and in every group in church education.” Nevertheless, even with such wide-reaching pulpitizing underway, Christine shared how and why CBC harnessed the power of coalition rhetorics as, she said, “we tended to make sure we connected with grassroots organization,” because, she later confessed, “we knew that we didn’t know what we were doing.” While the strategy of coalition rhetorics used in the service of religious rhetoric has already been discussed in previous chapters, the Wileys use of coalition functions in similar ways as with my other narrators. That is, religious leaders provide moral credibility, while medical community/grassroots AIDS organizations provide ethos, in a neo-Aristotelian sense.\footnote{Aristotle, \textit{Aristotle on Rhetoric: A Theory of Civil Discourse}, trans. George A. Kennedy (New York: Oxford University Press, 1991), 37.} However, the Wileys’ use of coalition rhetorics also functioned as another oppositional rhetorical strategy that they used in their efforts to refuse to become
complicit in the rhetorical silence embraced by the majority of Black religious, social, and political leaders who refused to address HIV/AIDS, thus solidifying the status quo.

7.2.7 The Wileys, HIV/AIDS and Prophetic Spaces

Returning once again to Dennis Wiley’s three points for churches that desire to have Black Theology in Praxis, we will soon see the considerable importance to this section of his third point that black churches must demonstrate “a new commitment on the part of the Black church to close the gap between herself and the African American community.” Key to this, I argue, is prophetic rhetoric. C. Eric Lincoln and Lawrence Mamiya explain that prophetic rhetorics are those concerned with the political, historical, and contextual activities in the wider community. Paul Farmer notes that prophetic rhetorics are concerned with “structural sins,” that is, socially constructed systematic and structured oppression of those who occupy non-privileged social identities. Dennis Wiley, and others, explain of how prophetic rhetorics cut two ways: internally and externally. Said another way, prophetic rhetorics can be directed by means of “radical self-critique” internally at the oppressive aspects of institutions of which the prophetic voice is often is apart of. Likewise, as Lincoln and Mamiya propose, prophetic

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rhetorics are also directed externally toward the larger society and the political, social, and economic structures, for example, that produce, reproduce, maintain and perpetuate inequalities, social identity hierarchies that, as in our case, continue to create social dynamics that render the most marginalized among black people more vulnerable to HIV/AIDS. Prophetic rhetoric directed externally is the focus of this section of our discussion. My findings of the Wileys’ prophetic rhetorics directed toward oppressive structures and systems revealed what is the final example of a rhetorical strategy and tool used in their religious rhetorics that address HIV/AIDS: rhetorical politicizing. This is say, that the Wileys’ rhetorical oppositional strategy of politicizing is rooted in rhetorics that seek to contextualize, make sense out of, and to make a link between the privatistic oppressions of a marginalized group with that off the community or larger American society. Akin to Paulo Freire’s notion of “conscientization,” the Wiley’s help their audience and community members to make sense of their oppressions that they experience, as their religious rhetorics make visible the ways current political practices and decisions that reproduce and impact situations in which HIV will continue to thrive in the 8th Ward. Consequently, in doing so, the Wileys are also rhetorically maneuvering to “close the gap” between the church and its constituencies within the African American community. In doing this, they collapse the ‘us-versus-them’ rhetorical stances of marginalization, and simultaneously rhetorically reconstruct the issues affecting the most marginalized members of the black community. Those issues are then reconstructed not as ‘their’ issues but as ‘our’ issues, i.e., the

647 Lincoln and Mamiya “The Black Church,” 12.
650 Friere’s notion of “conscientization” encourages a process of critical process of reflection and actions that leads to social transformation. For more on this concepts see, Paulo Freire, Pedagogy of the Oppressed (New York: The Seabury Press, 1968), 57-74.
black community’s issues. Hence the title of his article, “Gays are Us: Why LGBTQ Equality is Not a ‘White’ Issue.”

Therefore, the Wileys’ prophetic rhetorics are aimed at political practices such as D.C. voting rights policies that “prohibited the District from using its own taxpayers’ funds to provide abortions to low-income women.” The Wileys’ prophetic rhetorics aimed at this policy were not just relegated to the pulpit, but were embodied in their “lived theology,” when, for example, both co-equal pastors participated in a rally and sit-in on a restricted portion of Pennsylvania Avenue in the District. Both Pastors were subsequently arrested for their part in the sit-in, along with several other key leaders and members from CBC. Prior to the passing of the Marriage Equality Act in 2009, the Wileys led the way among Black religious leaders in D.C., in participating in, for example, clergy rallies in support for same-sex marriage and panels hosted by the Center for American Progress where Dennis Wiley addressed how policy issues adversely affected children of LGBT families and individuals. Dennis also spoke at a Congressional Briefing on Marriage Equality in 2011.

While most of the focus of this chapter has been centered on sexual orientation and gendered issues surrounding HIV/AIDS, the Wileys’ prophetic rhetorics have also taken aim at the policy issues that affect black intravenous drug users. Specifically, so the argument goes, government funding for clean needle exchange programs would help to reduce new cases of HIV

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infections in that drug users would not need to reuse or share potentially infected needles amongst themselves, which would invariably lead to new infections. However, to Christine’s chagrin, D.C. has stopped such programs which she believes adversely affects the intravenous drug users in the 8th ward, consequently increasing their risk for HIV/AIDS. In an oppositional, prophetic performance that flies in the face of the government and the institutional Black church, Christine said she is, “trying to find a way for the church to distribute clean needles as well as condoms.” Through their rhetorical acts of politicization, the Wileys foster additional rhetoric acts of identification between members of their church who embody various privileged and non-privilege identity statuses as a result of the unifying acts of political mobilization and solidarity for the good of ‘the black community,’ i.e., gay, straight, and all, through social protest, marches, and rallies that generate consubstantionality across difference. Moreover, rhetorics of identification through the use of familial metaphors of “brothers and sisters” reinforce that communal identification.

Without a doubt, the Wileys and CBC represent the most radical example of an inclusive, progressive, liberating, and empowering sacred space for PLWHA. However, similar to an important finding in my analysis of my other narrators’ HIV/AIDS rhetorics across the Diaspora, the Wileys’ present some problematic rhetorical tensions that beg to be reconciled and/or resolved. It remains to be seen, however, how effective the Wileys’ rhetorical strategies are in addressing HIV/AIDS in spaces beyond the four walls of their church and against dominant religious discourses. Specifically, problematic to the Wileys is the dialectical tension between the universalistic and particularistic understandings of the functions of the Black church in ministering, and the full-inclusion of LGBTQ members. As the Black church leaders who span the spectrum from those who espouse very conservative rhetorics to those who espouse the most

progressive rhetorics, wrestle to make meaning out of the scripture, the implications of such hotly contested posturing will continue to carry deadly implications in the lives of those hanging in the rhetorical balances.
8.0 CONCLUSION

Where Do We Go From Here. . .?

“Come now, let us setter the matter, says the Lord.”

------Isaiah 1:18

8.1 DISCUSSION

From this study, my findings indicate that Black religious leaders across the Diaspora are in fact addressing the issue of HIV/AIDS. While we cannot deny the rhetorical silence that the church once enacted, the conclusion of this study confirms that the Diasporic Black church is largely silent no more on this issue. This study has uncovered the Black church’s uses of the following tools, strategies, warrants and justifications: the rhetorical pulpit/pulpitized rhetorics; coalition rhetorics; (re)identificational renaming; rhetorics of identification; priestly rhetorics; prophetic rhetorics; rhetorics of resistance; oppositional rhetorics; rhetorics of choice; the ministry of presence; rhetorics of transcendence; rhetorics of liberation; bifurcational rhetorics; dissociation argumentation strategies; rhetorical emissaries; rhetorics of visibility and
invisibility; rhetorics of affirmation; progressive rhetorics; rhetorics of wounded-healers; and rhetorical performances of the religious body.

The rhetorics examined in this study have further aided in identifying the single key rhetorical strategy used by Diasporic religious leaders, of which I speak shortly. Nevertheless, while I believe that this study has achieved its goals in discovering the rhetorical underpinnings used by religious leaders who address the disease, I similarly contend that this research has also brought about tremendous insight concerning the rhetorical struggle taking place within Black religious leaders as they wrestle with the critical question of what does it mean to be Black and Christian within the context of HIV/AIDS? This study has help to sharpen our understanding of, what I put forth, is a highly nuanced double-consciousness that Diasporic religious leaders attempt to negotiate in their varied pulpitized rhetorics on HIV/AIDS. As I have argued earlier, my analysis of the excerpts of religious rhetorics used in this study present a compelling case that the double-consciousness, “two-ness,” or the positionality of black religious leaders and church existing, as Jesus words suggest, as quoted at the outset, being in the world but not of the world, is manifested in the deep-seated tensions and contradictions in their pulpitized rhetorics that address HIV/AIDS as it cuts across sexuality, sexual orientation and gender, in particular. However, I maintain that rather than simply viewing these rhetorical moments as mere contradictions that these tensions are best understood through the lens of the church’s rhetorical shifting in between two dialectic poles of being in this world but not of this world.

Consequently, the Black Church’s rhetorical shifting observed in the pulpitized rhetorics on HIV/AIDS from religious leaders in this study has made salient the single most important rhetorical underpinning and strategy that informs all the other various rhetorical warrants, tools

658 John 17: 11-16.
and justifications mentioned above. Undoubtedly, the common theme found at the heart of pulpitized rhetorics found in this study is identification. Identification is the prime rhetorical strategy used by narrators as the reach of its rhetorical possibilities cuts two ways: (1) religious leaders and audiences must first identify with the incarnate Christ, i.e., God in flesh in Christian thought, and more specifically, his ministry to ‘other’ and to sinners---of whom the most persuasive warrant for Black religious audiences, the Bible, reads that “all [human kind] have sinned.” Moreover, Christ’s ministry to those who were socially disenfranchised is seen as a key point of identification (2) Diasporic religious leaders rhetorics are then, necessarily, built upon the theme of identification with Christ, and from that understanding, black religious leaders are then rhetorically positioned to make the case that Black churches must then, in identifying with Christ, minister to and speak to the issues of HIV/AIDS that affects those who have been socially disenfranchised and marginalized within their respective communities.

Inherent, then, in the theme of identification that cuts in two directions, i.e., identification with Christ and identification with humankind affected with HIV/AIDS, is the seed of the tension found in the rhetorical tools to express this theme used by narrators. My rhetorical criticism and analysis of the preceding rhetorics demonstrates a struggle within my narrators as they seek to find reconciliation between their desires to remain committed to their religious convictions while also being socially engaged in the battle against HIV/AIDS. This dissertation has unearthed several rhetorical justifications, warrants, and tools used by narrators that assist us to better understand what religious rhetoric can accomplish in the fight against HIV/AIDS. Analogously, the rhetorical tensions inherent in religiously grounded warrants, strategies and justifications have likewise positioned us better to observe what types of pulpitized religious rhetorics have been best used in tacking HIV/AIDS related stigma and discrimination and,

659 Romans 3:23.
conversely, what pulpitized rhetorics have also contributed to HIV/AIDS-related stigma and discrimination as it cuts across difference.

### 8.2 LIMITATIONS

I acknowledge the limitations of this study as it relates to the lack of representation of narrators who embody difference across sex, gender and sexual orientation. Said another way, there is an under-representation of female religious narrators due, in part, to the historical marginalization of women in ministry and also, in part, due to the availability of prospective narrators and/or the lack of their willingness, for various reasons including their availability to take part in this project. Likewise, I acknowledge the limitation of this study in that given several constraints in the selected regions of study, there is only one black religious leader who also self-identifies as a member of the LGBTQ community represented in this study. As such, there is an underrepresentation of black religious narrators who also identify as members of the LGBTQ community. Therefore, although represented in the study to very small degree, there is still the need for more representation of HIV/AIDS pulpitized rhetorics from black LGBTQ religious leaders that will sufficiently add to the representation of their experiences, voices and rhetorics in this study and on the issues of HIV/AIDS.

The snowball method used in the study afforded me access to religious narrators in areas of the world with whom I would not have otherwise been able to have contact with was successful to some degree. However, this method also poses a limitation in that through the use of the snowball method, the religious leaders with whom I met where already predetermined and
pre-selected by virtue of their relationship with the key religious gatekeeper who provide me access into the religious network of leaders. Thus, the religious leaders with whom I interviewed, all to great degree, held similar religious views and ideologies. Therefore, while the rhetorical means to speak to the issue of HIV/AIDS were varied from narrator to narrator, there was a lack of profound diversity of thought concerning religious ideologies and norms as it intersects with HIV/AIDS, given the shared views of those associated in religious networks. In addition, the amount of interview time and participant observation time granted by religious narrators varied tremendously. Thus, for some narrators who granted me more time, I was then able to gather far more examples of pulpitized rhetorics on HIV/AIDS and for others who granted me less time, the artifacts gathered and observed at those ministries were less. By far, however, oral history methodology and ethnographic participant observation methodologies bore the most fruit for this study. In others words, in studying HIV/AIDS pulpitized rhetorics in the geographical contexts in which they are seen in heard through participant observation, I was better equipped to situate the pulpitized rhetorics within, in some cases complimentary and in others contradicting, the geographical rhetorical spaces of communication and designs of the churches, campuses, townships, cities, and countries. The fruitfulness of these methodologies, for example, points our attention to the future areas of research to be done.

### 8.3 FUTURE STUDIES

More research on the rhetoric of the Black church at the intersection of sex, religion, and HIV/AIDS needs to be done. Specifically, more attention should be given to the rhetorical ways
that pastor attempt to reconcile the, unintended or perhaps intended, tensions that their pulpitized rhetorics, such as those examined in the study, engendered. For the sake of manageability, this study of the Diasporic Black church focused on three regions of the world; however, there are other areas of the world that beg to be examined as part of this on-going study. For example, at the onset of this project in 2010, Haiti was listed as a country that I would visit later that summer, as a part of my summer research grant and agenda. Unfortunately, five hours after my grant proposal was submitted for approval, Haiti suffered the devastating earthquake of 2010. Prior to the earthquake, Haiti was one among the other Caribbean countries represented in this study with having the highest cases of incidences of HIV/AIDS in the Caribbean. At some point in the future, the nation of Haiti should be included in this discussion of the rhetorics of the Black church across the Diaspora, as religious leaders in Haiti are addressing the issue even more now, given that the social, emotional, and psychological aftermath of the earthquake increased the vulnerabilities of Haitian women and children to HIV infections. Other key countries that could also be included in future studies are the United Kingdom, Brazil, and the Dominican Republic.

Within the United States, the cities of San Francisco, Los Angeles, Chicago, New York City and Atlanta could also provide additional nuanced pulpitized rhetoric that can further illuminate the rhetorical strategies, warrants, and justification used by black religious leaders in addressing HIV/AIDS. Lastly, while this focus has been on the Black church, broadly defined as churches that are made up of predominantly black congregants and also led by religious leaders of African descent, I think it would also be worthwhile for future research to investigate pulpitized HIV/AIDS rhetorics found in churches that identify as multicultural congregations.
that are led by religious leaders of African descent or are congregations made of predominantly people of African descent but the religious leader of these churches are not of African descent.

8.4 THE DIASPORIC BLACK CHURCH, HIV/AIDS & ESCHATOLOGY

While acknowledging these limitations, the present study does project a promising future in the battle against HIV/AIDS now that one of the most powerful, mobilizing forces and institutions across the African Diaspora, the Black church, is raising her voice. Through her rhetorics, the Diasporic Black church is raising awareness to the disease and educating, amongst others, her own constituents that HIV/AIDS is not ‘their’ problem, but it is ‘our’ problem, that is, a human problem. Although in some cases problematic, the Black Church is nonetheless speaking. I suspect that the more we speak, the more we come to terms with and fully realize what it means to be in the world, but not of the world, a world in which HIV/AIDS affects us all.
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