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This dissertation titled
HIV/AIDS and Terministic Screens: A Pentadic Interrogation of the Claims to Origin,
Cure, and Economics in the Rhetoric of Yahya Jammeh

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Abstract

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HIV/AIDS the Terministic Screens: A Pentadic Interrogation of Claims to Origin, Cure, and Economics in the Rhetoric of Yahya Jammeh

Director of Dissertation: Benjamin R. Bates

In this dissertation, I interrogated the claims to origin and cure of the Human Immunodeficiency Virus (HIV) and the Acquired Immunodeficiency Syndrome (AIDS) and the economics of Antiretroviral Drugs (ARVs) in the rhetoric of the Gambian President, Yahya Jammeh. This study was motivated by two research questions: (1) How does Jammeh’s claims fit into or depart from the known HIV/AIDS and ARVs discourses; and (2) to what extent can Kenneth Burke’s terministic screens, in conjunction with the dramatistic pentad, be applied to Jammeh’s claims to distill the values embedded in them for Jammeh’s motives and their articulation?

Regarding the origin of the HIV virus, I unearthed three competing theories—the natural transfer, the conspiratorial, and the Congo-jungle accident. Concerning the therapeutic landscape of HIV/AIDS in Sub-Saharan Africa, I unraveled four predominant treatment models—the biomedical, Christian, Islamic, and traditional. For the economic views on ARVs, I synthesized four paradigms—the postcolonial, the avant-garde, the humanitarian, and the activist—for the explication of ARVs.

I distilled five pentadic acts from Jammeh’s claims. The first pentadic act is dominated by agency with pragmatism as its philosophical mooring. This is followed by two pentadic acts dominated by purpose with mystical philosophical inclinations, while
another two of the pentadic acts are dominated by agent with idealistic philosophical outlook.

The pentadic mapping of Jammeh’s claims revealed that, with regard to the origin of the HIV virus, Jammeh—Allah’s agency—speaks from a conspiratorial terministic screen. For the therapeutic map, it revealed Jammeh speaks from the Islamic-prophetic terministic screen; while for the economic map, it points to Jammeh’s claims as postcolonial terministic constructions, whereby a purposeful neocolonial West employs ARVs to exploit and dominate Black African bodies.

For the most part, Jammeh’s claims lack evidence in the known scientific ways. Jammeh employs fear appeals, equivocation, and identification and disassociation to attract PLWHAs to his treatment sessions. With health-dictatorship in the Gambia, there is the need to reset the pentad in ways that encourage civil participation in the HIV/AIDS and ARVs discourse in the Gambia.

KEY WORDS: Rhetorical values; Yahya Jammeh; the Gambia; Conspiracy theory, Islamic-prophetic; Postcolonial.
This research is dedicated to people living with HIV/AIDS (PLWHAs) in the Gambia whose opportunities for discourse about their own health have been foreclosed by a dictatorial agent.

“So that ye may know that the world has not abandoned thee in these trying times.”

Prosper Yao Tsikata
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needed to remind myself that beyond my own ability any roadblocks would not be that I
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With regard to the writing process, whenever I wandered far afield, my committee
was there to remind me of the boundaries within which to stay and the urgency of
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Chapter 1: Introduction and Statement of Problem

The introduction is divided into nine sections. These are the introduction to the research. This section provides an overview to the research topic. This is followed by the statement of the problem for this research and the rational for undertaking the research. The other sections are sections on the rhetor, the audience/stage, the purpose of the research, the research questions, the significance of the research, and organization of the research.

1.1. Introduction

Two-thirds of people living with the Human Immunodeficiency Virus (HIV) and the Acquired Immunodeficiency Syndrome (AIDS) around the world can be located in Sub-Saharan Africa. In Africa, articulating the origin of HIV/AIDS, implementing effective therapeutic programs, and addressing economic issues surrounding the disease are quite challenging. In the face of this human catastrophe, claims and counterclaims about the origin of the disease, contentions about the most effective therapeutic programs, and economic issues surrounding the disease continue to pose challenges to effective communication about the disease. These difficulties also impact on policy formulation and implementation and research into the disease. The impacts of these difficulties are visible in the overall management of the disease, especially its treatment programs in some Sub-Saharan African countries, for example in the Gambia (Epstein, 2007; Flint, 2011).

On January 18, 2007, suddenly and unexpectedly, the president of the Gambia, Yahya Jammeh, at a cabinet meeting at the State House of the Gambia, announced his
discovery of potent herbal concoctions for the cure of HIV/AIDS. At that meeting—which was attended by Secretaries of State, the ambassadors of Cuba and Taiwan to the Gambia, management of the Royal Victoria Teaching Hospital (RVTH) and a representative of the Santa Yalla Society (a local group of PLWHAs)—Jammeh claimed to have been offering treatment to PLWHAs in confidence for years and disclosed the commencement of his free public treatment for PLWHAs (Government of the Gambia, 2007, January 18). In subsequent public pronouncements, Jammeh accused the West of being the originators of the virus for biological warfare against Black African bodies. He also claimed that, in tandem with the overall scheme of the West to destroy Black Africans, antiretroviral drugs (ARVs) were manufactured by the neocolonialist West as a means to exploit Black African bodies living with the disease financially.

Jammeh’s claims astounded frontline HIV/AIDS experts, development practitioners, and organizations in the Gambia and beyond. Speaking for the development community, the then United Nations Development Program (U.N.D.P.) coordinator in the Gambia, Fadzai Gwaradzimba, denounced Jammeh’s claims, portrayed them as unscientific, reiterated that there is no cure for the disease, and highlighted the continuous threat the disease pose to the people of Sub-Saharan Africa (U.N. Resident Coordinator’s Office, 2007, February 9). According to the former U.N.D.P. coordinator, Jammeh’s claims encourage risky behavior among both the uninfected and PLWHAs. For the uninfected, the false belief that there is a cure for the disease might lead them to have unprotected sex or indulge in other forms of risky behavior. On the part of PLWHAs, the belief that there is a cure for the disease might lead them to interrupt adherence to their
approved ARV regimens. The former U.N.D.P. coordinator claimed that “if people start to believe there is a cure, then they will start to engage in risky behavior, and could mean even more of a problem with AIDS in this continent” (U.N. Resident Coordinator’s Office, 2007, February 9). In the same statement, Gwaradzimba asserted that there was no cure for the disease and, further, that only ARVs can potentially increase the survival chances of those living with the disease. “To date, no cure for AIDS has been announced internationally. Once a person has been infected with the human immunodeficiency virus (HIV), he or she remains infected for life. However, antiretroviral treatment prolongs life and improves the quality of life of people diagnosed with AIDS,” she declared (U.N. Resident Coordinator’s Office, 2007, February 9).

The World Health Organization (WHO), the United Nations, and medical professionals and researchers also criticized Jammeh for claims they consider unscientific, misleading, and a huge affront to the management of the disease. Journalists from CNN and other media organizations questioned Jammeh’s training and asked for evidence for the cure, but Jammeh claimed the concoction was revealed to him by Allah (Albon, 2013, January 9; Koinange, 2007, March 17).

While Leo Igwe, a former representative for the International Humanist and Ethical Union, writing for the James Randi Educational Foundation, referred to Jammeh as a sham who is staging a shameful drama and taking advantage of the poor and the most vulnerable in his country (Igwe, 2013, April 4), Jammeh’s Health Minister, Tamsim Mbowe, a trained physician, defended the so-called herbal cure. In spite of the rebuttals concerning Jammeh’s claim of a cure for HIV/AIDS in particular, Jammeh continues to
attract PLWHAs in his country to his public healing sessions and his rhetorics continue to reinforce his initial claims. Jammeh must believe that his rhetoric is successful. On December 31, 2012, he announced his intention to build an HIV/AIDS hospital in the Gambia, where he will be treating 10,000 PLWHAs in every six months (Government of the Gambia, 2012, December 31).

With the South African HIV/AIDS and ARVs tragedy symbolically etched in the Sub-Saharan African and Global AIDS discourse, Jammeh’s continuing rhetorical claims of a cure for HIV/AIDS and other ancillary claims raise concerns among researchers, HIV/AIDS practitioners, and the scientific community. The former South African president Thabo Mbeki rejected the idea that there were any links between HIV and AIDS and positioned AIDS as caused by poor nutrition (Natrass, 2012). Mbeki’s denialist position informed his government’s policies concerning treatment and care for PLWHAs in his country. Mbeki constricted funding for antiretroviral (ARVs) provisions for PLWHAs in his country and, instead, recommended dietary regimens of garlic, lemon, African potatoes and beetroot as foods with potent nutrients to prolong the lives of PLWHAs and also help to prevent mother-to-child-transmission (MTCT) of the disease (BBC News, 2006, September 6). Natrass (2012) pointed out that the South African case “highlights the power of leaders to undermine HIV science and treatment” with grave consequences (p. 120). According to Chigwedere et al. (2008), the constriction of funding for ARVs by the Mbeki-led administration caused the preventable death of 900 PLWHAs a day in South Africa in 2005. Around the same time, too, the number of PLWHAs in
South Africa climbed to a record high of 5.5 million, the highest infection rate for any country in the world.

While South Africa has since reversed its policy on HIV/AIDS and rolled out ARVs for PLWHAs (Geffen, 2010; Heywood, 2004; Natrass, 2007), Jammeh’s continuing rhetoric of a cure for the disease has become a source of concern among HIV/AIDS experts, researchers, and medical practitioners, especially when Jammeh continues to attract PLWHAs to his public healing sessions. It is, thus, the interest of this study to distill the values embedded in Jammeh’s claims, their articulation, and the motives behind them, using Kenneth Burke’s terministic screens and the dramatistic pentad.

1.2 Statement of the Problem

Jammeh’s dangerous claims—the claim of a cure for HIV/AIDS, knowledge of the origin and spread of HIV/AIDS, and the economic issues surrounding HIV/AIDS and ARVs—continue to flourish, and Jammeh continues to attract PLWHAs to his public therapeutic sessions in the Gambia. This has left medical practitioners, researchers, frontline HIV/AIDS experts, and his adversaries questioning his medical expertise and accusing him of taking advantage of the sick and the most vulnerable (Albon, 2013, January 9; Igwe, 2013, April 4; Koinange, 2007, March 17; U.N. Resident Coordinator’s Office, 2007, February 9).

For Cassidy and Leach (2009), the political climate of insecurity—death threats from Jammeh to anyone who opposes his ideas—has contributed to muting dissent within
the Gambia and internationally. In light of the climate of fear, it would have been expected that PLWHAs would turn away from Jammeh’s quackery. Instead, PLWHAs continue to attend and participate in Jammeh’s public healing sessions in droves (Gara, 2007, June 1). In a 2010 paper, Cassidy pointed out that Jammeh’s claim of a cure for AIDS disrupted the prevailing dominant discourse of the disease, which is based on “global assemblage” of the disease. The global assemblage of HIV/AIDS is constituted around clinical—test, treatment, prevention—and non-clinical—policy and funding—practices. According to Cassidy (2010), it is the lack of fit between indigenous concerns and programs associated with the global assemblage that opened space for PLWHAs to consider alternatives to the hegemonic biomedical discourse.

While the lack of fit between indigenous priorities and the global assemblage might be the reason PLWHAs are turning to Jammeh’s cure program, it is the anomaly of the phenomenon—a dangerous dictator attracting PLWHAs to his public therapeutic sessions, instead of scaring them away—that needs examination from a rhetorical perspective. The rhetorical examination of Jammeh’s claims will help unravel the seeming success of Jammeh in attracting PLWHAs in the face of opposition from experts, researchers, frontline HIV/AIDS workers, and the U.N. and its agencies.

Further to Jammeh’s claim of a cure for the disease, his views on the origin of the disease—as Western engineered for bio warfare against Black Africans—and his economic explanations for ARVs also tend to deviate from the dominant discourse concerning the origin of the disease and the economic issues surrounding ARVs. From Epstein (2007) to Natrass (2012), there are many conflicting theories about the origin of
the HIV virus, but neither of them addressed Jammeh’s HIV origin theory categorically. Finally, whereas Flint (2011), Leoni (2010), and Sastry and Dutta (2012) provided some general ways of understanding the economic issues surrounding HIV/AIDS and ARVs, none of them addressed Jammeh’s economic notions of the disease. I consider the status quo problematic for individuals involved in HIV/AIDS work, observers, researchers, and policymakers, among others, who are still dealing with this anomaly. Being the president of his country, analogous to the case of the former South African president Mbeki, Jammeh’s claims are having dire repercussions for HIV/AIDS and ARVs treatment programs in the Gambia, especially when Jammeh has co-opted the bureaucratic apparatus of the state in promoting his herbal concoction.

1.3 Rationale for the Research

Because Jammeh is the president of his country, his rhetorical claims cannot be swept under the carpet. Jammeh’s claims have repercussions for PLWHAs and the uninfected in many ways—through policy, financial resource availability for fighting the disease, and how the perceptions of his countrymen concerning the HIV/AIDS and the ARVs discourse are shaped. There is, therefore, a severe exigency to unravel the rhetoric of Jammeh which continues to attract the attention and participation of both PLWHAs and the uninfected in the Gambia and beyond. This is because Jammeh’s claims have placed policies, care and management of the disease, and communication campaigns with regard to the disease, in disarray. By examining Jammeh’s claims closely, researchers, PLWHAs, frontline HIV/AIDS practitioners, and many others with stakes in the
HIV/AIDS and ARVs discourses will understand the values Jammeh communicates, the persuasive (or the coercive) resources Jammeh deploys, and the motives behind Jammeh’s articulations. Understanding Jammeh’s values, Jammeh’s rhetorical resources, and Jammeh’s motives will help dispel the misunderstandings that have characterized Jammeh’s claims. It is my view that this research will provide a roadmap for engaging Jammeh, based on the appreciation of his rhetoric.

Considering this state of affairs, Burke’s terministic screens and the dramatistic pentad are employed to unravel the phenomenon of interest, due to their cultural sensitivity and flexibility. The discourses on HIV/AIDS and ARVs, though global in nature, they have local constructions and meanings, requiring culturally sensitive concepts or frameworks, which the above-mentioned approaches tend to offer.

1.4. The Rhetor

Yahya Jammeh was chosen for this study for several reasons. As the president of his country, the Gambia, Jammeh’s pronouncements, claims, and decisions have significant implications for state policy and the lives of Jammeh’s countrymen living with HIV/AIDS, their families, and the uninfected. Jammeh’s claims also have implications for the scientific community, PLWHAs around the world, and efforts at curbing the spread of the disease and finding a cure for it.

Jammeh ascended to leadership of his country as head of state through a coup d’état in 1994. As an army lieutenant, Jammeh successfully ousted the then president,
Dawda Jawara. Jammeh dissolved the Gambian Parliament and the House of Representatives and banned all political activities.

Jammeh initiated a consultation process, which led to the drafting of a new constitution for the Gambia. This was followed by a national referendum. In that referendum, Gambians accepted and adopted the new constitution after which a general election was organized. Jammeh went on to contest in the general election of 1996, as the presidential candidate of his newly formed Alliance for Patriotic Reorientation and Construction (APRC), and won the election. Since becoming the president of his country, Jammeh has won three successive presidential elections in 2001, 2006, and 2011 and consolidated his hold over the Gambia. In his fourth election victory in 2011, Jammeh is said to have polled 72 percent of the votes to win the presidential election for the fourth consecutive time (BBC, 2011, November 25). As the commander-in-chief of the Gambian armed forces, Jammeh has a wide-ranging powers which include the direct responsibility for the Ministry of Defense and several ministries in the Gambia (Government of Gambia, N.D.)

As a rhetor, Jammeh is perceived by many of his adversaries as a provocative figure who never shies away from public controversies. Some of the controversies associated with him are claims of a cure for HIV/AIDS, awareness of the origin of the disease, and special knowledge of the hidden economic motives for the biological engineering of the disease by the West. Jammeh also claims to have a cure for infertility, asthma, cancer, and many other illnesses through the use of herbal concoctions that are scientifically proven to be potent (Government of Gambia, 2008, January 17). In this
case, the state apparatus of the Gambia—ministers, government officials, the national television, and medical institutions, etc.—is employed in promoting herbal concoctions that have not been independently tested. Jammeh uses what Amon (2008) referred to as herbal hucksterism and blatant abuse of state power.

Even though Jammeh claims blood samples of patients he treated were pretested before his herbal treatment, and were again tested after his treatment to confirm the efficacy of his herbal concoction, the proprietor of the medical laboratory where Jammeh claimed to have conducted the test refuted Jammeh’s claim. Professor Suleyman Mboup said that Jammeh’s emissary visited his laboratory and independently ran some tests, but no conclusion of efficacy could be drawn (Amon, 2008).

As stated earlier, with regard to HIV/AIDS cure, Jammeh’s claims were disputed by the then resident coordinator of the United Nations Development Program (U.N.D.P.) in the Gambia, Fadzai Gwaradzimba (U.N.D.P. Resident Coordinator, February 9, 2007). When Jammeh’s claims of a cure for HIV/AIDS were challenged by Fadzai Gwaradzimba, Jammeh declared the U.N.D.P. resident coordinator a persona non grata (IRIN, 2007, February 23). The WHO and UNAIDS also urged Jammeh to avail his herbal concoctions for a scientific test to be conducted for their safety, efficacy, and quality, but Jammeh refused to allow samples of his herbs to be tested (Amon, 2008).

Amon (2008) pointed out that “the consequences of criticizing the president have proven risky” (p. 3). Two journalists were fired by the proprietor of a pro-government newspaper in February 2007 for writing to question Jammeh’s cure claims (International Freedom of Expression Exchange, 2007, May).
Gwaradzimba and the two journalists were not the only persons to have faced Jammeh’s wrath. Jammeh is also known for his poor human rights records. The international media group *Reporters without Borders* (RSF) described the situation in the Gambia under Jammeh as “absolute intolerance of any form of criticism,” which manifests in death threats, surveillance, and arbitrary night-time arrests of journalists who do not sing the government’s praise (Chothia, 2013, October 13). Under Jammeh’s predecessor, Jawara, the Gambia outlawed the death penalty and respect for human rights and the judiciary was deemed to be high in the Gambia by Gambians and other Africans (Chotia, 2013, October 13). However, Jammeh reinstated the death penalty in 1995 and issues open threats to his critics and opposition politicians who disagree with him. Jammeh was quoted as stating on Gambian national TV in September 2009 that “if you think that you can collaborate with so-called human rights defenders and get away with it, you must be living in a dream world. I will kill you and nothing will come out of it” (Perfect, 2010, p. 58).

In a recent communique issued by the Media Foundation for West Africa (MFWA), in commemoration of the first anniversary of the United Nation international day to end impunity for crimes against journalist, Jammeh was crowned the “West African King of impunity” (Media Foundation for West Africa, 2014, November 27). This is as a result of his 20-year-long rule of fear, characterized by gross human rights violations, disregard for the rule of law, and on-going impunity for egregious rights violations in The Gambia.
Jammeh is not just a military ruler; he also regards himself as a healer. Jammeh is said to have descend from a long tradition of healers. Jammeh is thought to have inherited his healing prowess from a lineage of herbalists—including his father, an eminent herbalist, and his grandfather, a revered herbalist. Jammeh’s grandfather is alleged to have even cured the first president of the Gambia, Jawara, of some serious illness due to his exceptional practices in traditional healing. Unlike those who learn the practice of traditional or Islamic healing through apprenticeship, Jammeh did not have to undergo any apprenticeship. Jammeh is thought to have simply inherited the art of healing from his ancestors by his enthusiasts (Joof, 2007, October).

During his healing sessions, Jammeh wears an all-white flowing robe, clutches a Qur’an and makes incantations of the tasbeeh chapelet as he administers his herbal concoction to his patients. Jammeh is mostly seen reciting the tasbeech chapelet and placing the Qur’an on the forehead of his patients while administering the herbal concoctions to them.

Since coming to power, Jammeh has forged close relationships with countries such as Venezuela, Cuba, Libya, and Iran, countries the West regarded as rogue states (Henriksen, 2012). It could, therefore, be inferred that, by these associations, coupled with his rhetoric, Jammeh is oriented toward countries that defy the West just as Jammeh attempts to do himself.

Jammeh, as a rhetor, is anti-West, perhaps a revivalist of traditional medicine, with high levels of intolerance for dissent, and does not shy away from public controversies. Some of the controversies he has been embroiled in include the claim for a
cure for HIV/AIDS, knowledge of the origin of the disease, and a special understanding of the economic issues surrounding the disease. Perhaps his claims to origin, cure, and economics of HIV/AIDS and ARVs are simply part of his larger agenda of limiting Western influence in his country by reorienting his people toward his therapeutic paradigm.

1.5. Stage/Audience

Human action, in Burkean thought, is a drama. To Burke (1945), there are similarities between theater and rhetoric, with drama as persuasion in which the orator’s platform is the stage. Viewing Jammeh’s speeches from this perspective, the dramatic elements of his speech—act, scene, agency, agent, and purposes—which have occurred on selected metaphorical stages cannot be lost on us. The conflicts that mark stage-drama are present in Jammeh’s speeches. Gan (1979) pointed out that conflict impacts an event with news value. For someone such as Jammeh, whose political career is full of controversies, his choice of venue or stage for his speeches must be of symbolic significance.

Jammeh first chose a high-level cabinet meeting as a symbolic stage to break the news of his discovery of a cure for HIV/AIDS. The Cabinet, being the highest decision-making body of any government, signifies the level of importance Jammeh attached to his claims and how he wished to communicate his claims to his intended audiences—the people of the Gambia, Sub-Saharan Africa, and the rest of the world. The Cabinet as a
metaphoric stage offered him a high level of attention from the public via the media (Government of the Gambia, 2007, January 18).

The second speech, which marked the discharge of Jammeh’s first batch of purportedly cured HIV/AIDS patients, was given at Jammeh’s birthplace of Kanilai village in the Gambia. The audiences for this stage were local, national, and international. Being the birthplace of Jammeh, it can be speculated that Jammeh chose this stage to garner local support for his claims which, until then, had faced condemnation in many circles (The Daily Observer, 2007, June 21). The third speech was delivered at the July 22nd Square in Banjul. As a stage, it invokes the “we” versus “them,” those who support his regime and his medication versus those who do not. This square is a monument built to commemorate the coup d’état that brought Jammeh to power. Thus, the monument itself can be viewed by the audience as a symbol of political association and division (Government of the Gambia, 2008, January 17).

While the fourth speech was a televised address, the fifth was delivered at the Kanilai International Festival ground. The televised speech can be regarded as a stage for both national and international discourse on the disease. For the festival, it was initiated by the president in 2001. As a fulcrum for cultural celebration and development, it can be seen as a metaphorical stage for reaching the people of the Gambia in their joyous moments with the magnificent news of Jammeh’s continuous treatment of PLWHAs (Government of the Gambia, 2012, December 31 & 2014, January 17). The significance of these metaphoric stages extends beyond Kanilai, the Gambia, and Sub-Saharan Africa. Jammeh audience was Gambian, African, and global.
Jammeh’s audience can be divided into two groups: the primary audience and the secondary audience. Jammeh’s primary audience included the Secretaries of State, the management of the Royal Victoria Teaching Hospital (RVTH), and a representative of Santa Yalla Society, a local group of PLWHAs. It can be speculated that Jammeh strategically chose these individuals for the decision-making powers they have over the institutions and organizations they represent. Jammeh probably chose the management of the RVTH for strategic purposes. The RVTH is a teaching hospital and well-placed within the health sector of the Gambia. Thus, Jammeh invited its officials purposefully, so they are aware of any decisions at his cabinet meeting that might require their support in the implementation of his herbal concoction program. This is only speculative based on the centrality of the RVTH in the health delivery system of the Gambia. Similarly, Jammeh invited the leader or representative of the Santa Yalla Society because she was in a position to make decisions with repercussions for her group of PLWHAs (Government of the Gambia, 2007, January 17).

Just like the management of the RVTH, the Secretaries of State were present at that meeting as instruments for the formulation and implementation of state policies. On the part of the ambassadors of Cuba and Taiwan, who were also invited to Jammeh’s high level meeting, they may be seen as part of the primary audience, as they remained channels of communication to their home governments and the international community about the claims of their host and any decisions they might take with regard to such claims.
Even though this was a cabinet level meeting, the outcome of the meeting was made public via the media. PLWHAs in the Gambia and their families, PLWHAs in Sub-Saharan Africa and their families, PLWHAs around the world, the scientific community, and the global community were the secondary audiences for Jammeh’s message of a cure for HIV/AIDS. This is because the magnitude of the issue Jammeh chose to address is not limited to only the Gambia, but affects the whole world.

That Jammeh had a global audience in mind is manifested in Jammeh’s choice of words in his subsequent speeches. For example, during the discharge of the first batch of PLWHAs who purportedly underwent Jammeh’s treatment, Jammeh pointed out that “internationally, all of you are known because, all your pictures are in [sic] the Internet” (Government of Gambia, 2007, June 17).

Further to this, while there are about 20,000 PLWHAs in the Gambia, in his New Year message to his countrymen in December 2012 Jammeh informed them of his intention to build a 1,111 bed multi-purpose hospital in the Gambia for the treatment of HIV/AIDS. Jammeh expects to be treating 10,000 patients in this hospital in every six months. The implication is that, operating at full capacity, Jammeh can treat all PLWHAs in the Gambia in a year. Jammeh’s intention of treating 10,000 PLWHAs every six months, thus, signals that Jammeh intends to extend his cure of HIV/AIDS to the rest of the world (Government of the Gambia, 2012, December 31).

Finally, Jammeh celebrated the seventh anniversary of his purported discovery of a cure for HIV/AIDS. At this event, new discoveries were made and the old rhetoric of a cure for HIV/AIDS reinforced (Government of the Gambia, 2014, January 17).
1.6. Purpose of the Research

The purpose of this study is to interrogate the rhetorical underpinnings or values embedded in Jammeh’s claims in order to understand the particular symbols Jammeh deployed and how they operated in advancing his claims. The research objectives are twofold. First, this research seeks to delineate the wider context within which Jammeh’s claims could be located. Second, the selected artifacts are evaluated in light of the wider discourse on HIV/AIDS and ARVs. Specific objectives are: (1) To delineate a detailed contextual background to Jammeh’s ternary claims—claim of a cure for HIV/AIDS, knowledge of the origin of the virus and its spread, and the economic issues surrounding HIV/AIDS and ARVs. (2) To explore the applicability of Kenneth Burke’s terministic screens as an approach, in conjunction with the dramatistic pentad, in analyzing these cross-cultural artifacts. (3) To interrogate the rhetorical values in Jammeh’s claims across the three thematic proclamations, with the contextual literature serving as terms of reference. (4) To explicate how these values were articulated or represented by Jammeh. (5) To explain the motives behind Jammeh’s claims. (6) To uncover further insights into human communication with lessons for similar rhetorics.

1.7. Research Questions

This research seeks to interrogate the rhetorical claims of the president of the Gambia, Yahya Jammeh, concerning HIV/AIDS and ARVs, by posing two interrelated questions. These two research questions are: (1) How do Yahya Jammeh’s claims—claim of a cure for HIV/AIDS, prophetic knowledge of the origin and spread of HIV/AIDS, and
his claim of special understanding of the economic issues surrounding HIV/AIDS and ARVs—fit into or depart from the wider discourse on HIV/AIDS and ARVs; and, (2) To what extent can Kenneth Burke’s terministic screens as an approach, in conjunction with the dramatistic pentad, be applied to Jammeh’s claims to distill the values embedded in Jammeh’s claims and the motives behind their articulation?

1.8. Significance of the Research

The significance of this research is in unpacking the rhetorical underpinnings/values of Jammeh’s claims from the wider contextual discourse on HIV/AIDS and ARVs. By unpacking the values undergirding Jammeh’s claims, this research will help uncover the competing viewpoints associated with the HIV/AIDS and ARVs discourse. Through the uncovering of the competing viewpoints associated with the disease, this research will develop a systematic paradigm for understanding Jammeh’s claims. I hope that, through the understanding of Jammeh’s HIV/AIDS paradigm, this research will also help to untangle the misperceptions among HIV/AIDS practitioners, activists and policymakers, development agencies, PLWHAs, and the general public about Jammeh’s claims and proclamations. Moreover, this research, by using Burke’s approach will help demonstrate the applicability of Kenneth Burke’s approach in an African context. This research will also serve as a reference material for researchers interested in similar topics, especially the application of Burke’s rhetorical devices in the analysis of cross-cultural and intercultural phenomena such as Jammeh’s rhetorical claims. Finally, this research will help educate PLWHAs and their families on
Jammeh’s therapies and what alternatives there are. By doing all the foregoing, I hope that this research will contribute significantly to the understanding of the therapeutic landscape of HIV/AIDS and ARVs, the origin of HIV/AIDS, and the economic issues surrounding the HIV/AIDS and ARVs discourse generally and particularly in the Gambia in the anticipation that the results can change the human condition positively.

1.9. Organization of the Research

This work is presented in five (5) main chapters. Chapter one (1) covers the general introduction to the work. This chapter is made up of the introduction, statement of the problem, profile of the rhetor, stage/audience, purpose of the research, research questions, significance of the research, and organization of the research.

Chapter two (2) delineates the contextual and historical placement of the artifacts. These are the materials that orient the reader to the selected artifacts under study. Chapter two is divided into three sections. The first section provides the background to the discourse on the origin of HIV/AIDS and its geographical spread. The second section surveys the therapeutic landscape of the disease, and the third section discusses the economic issues surrounding HIV/AIDS and ARVs.

Chapter three (3) is divided into four sections. The first section provides justifications for adopting Kenneth Burke’s approach for this research. The second section positions this research in a theoretical framework. Here, the terministic screens are explicated in relation to the rhetorical artifacts under study. The third and the fourth
sections discussed the selection of the artifacts and the dramatistic pentad, a methodological technique used in mapping out Jammeh’s claims.

Chapter four (4) focuses on the research findings and analysis. This chapter is divided into five pentadic acts. And chapter five (5) contains a discussion of the findings and analysis, conclusions drawn from the findings, and recommendations.
Chapter 2: The Contextual and Historical Background

This chapter provides the context to the three interrelated themes embedded in Jammeh’s claims. The context is divided into three sections—(1) the origin and spread of HIV/AIDS, (2) the therapeutic landscape of HIV/AIDS, and (3) the economic issues surrounding HIV/AIDS and ARVs. The contextual materials are organized from the global to the Sub-Saharan levels which dovetail with the Gambian context. What this means is that, the discourse regarding the disease is first examined from global viewpoints. From these viewpoints, attention is paid to the Sub-Saharan African context and how the Gambian context dovetails with the African context. This is in order to provide an easy-to-follow form of organization to the reader.

The context is provided to orient the reader to the wider discourse on HIV/AIDS. This is to serve as terms of reference from which the selected artifacts of Jammeh’s claims will be evaluated. The relevance of this section must be considered against the backdrop that it orients readers to the wider discourse from which Jammeh’s claims could be examined and understood. Without these contextual materials, readers will find it difficult to make sense of the selected artifacts. The question here is, what lessons can we learn from the wider context—the ongoing discourse on HIV/AIDS and ARVs—and how can we use them to evaluate and understand Jammeh’s claims?

2.1 Origin and Some Facts about HIV/AIDS

For the origin of the disease, there are three competing views—the natural transfer theory, the conspiracy theory, and the Congo-Jungle theory. With regard to its
geographical spread, Sub-Saharan Africa records the highest prevalence rates. This situation suggests that some practices predisposed its people to contracting the disease than others in other world regions, as discussed in the subsections that follow.

2.1.1. Origin of HIV. According Epstein (2007), the curiosity among people—both laymen and professionals—to know the origin of the HIV virus has never ceased. Epstein claimed that “people want to know what happened? Why us? Why now? Is it new? Then where did it come from? Was it always there? Then why didn’t it spread? Has the virus changed, or have we?” (p. 41). A survey of the HIV/AIDS literature, however, reveals discrepancies about the origin of the disease among scholars and observers of the field. These divergent theories on the origin of the disease provide the building blocks for certain conclusions to be drawn by each researcher with regard to the geography of the disease and its most common mode of spread.

To begin, some scholars attributed an African origin for HIV/AIDS. According to these scholars, the disease first started with the transmission of the virus from chimpanzees and sooty mangabey monkeys to humans in West Africa in the early twentieth century (Epstein, 2007; Flint, 2011; Leoni, 2010; Sharp et al. 2000). According to this theory, a retrovirus called Simian Immunodeficiency Virus (SIV), which was common in chimpanzees and sooty mangabeys, reached humans through the consumption of these wild animals. This process is referred to as natural transfer (Epstein, 2007, p. 41). Overtime, SIV is said to have mutated into HIV1 and HIV2, but remained in the West African bush until the 1950s. Epstein (2007) noted that African
wars of independence, growth of cities, and expansion of African mining industries drew men from the countryside, and provided an outlet for the virus to escape from the bush. The virus then spread and mutated further to reach wider populations. According to Leoni (2010), through social-sexual revolutions in the West, the use of needle-injected drugs, and unprotected sex, the disease spread rapidly. By the 1970s and 1980s, “the once-confined disease reached the dimensions of a global pandemic,” he pointed out (Leoni, 2010, p. 4).

In a variant of the monkey and chimpanzee account, the British journalist Edward Hooper alleged that in the 1950s, American researchers had gone to the Congo jungle to conduct a polio vaccine experiment on chimpanzees. In the course of their experiment, there was an accident through which the virus leapt from chimpanzees to humans (Hooper, 1990). For Hooper and others—for example, Louis Pascal (1991) and Walter Kyle (1992)—who believe in this theory, “the onset of HIV/AIDS is man-made and the pandemic is one aspect of the all-pervasive colonial legacy” (Flint, 2011, p. 37). To Hooper (1990) and these observers, mass live polio vaccinations became the vehicle via which the virus reached mass populations in the 1950s.

Epstein (2007) traced another account of the origin of the disease to Opendra Narayan, a virologist at the University of Kansas. In this narrative, Epstein (2007) pointed out that Opendra “actually succeeded in turning an apparently harmless monkey virus into a deadly killer in his own laboratory” (p. 45). Through a process known as passaging, Opendra genetically engineered a harmless monkey virus into a deadly killer in his own laboratory. Passaging is known to potentially turn the virus into a more
pathogenic virus; i.e., it causes a monkey version of AIDS which is easily transmittable. The idea of passaging in Narayan’s laboratory must have been the basis for suspicion among those who think there is a hidden hand at work in the origin and spread of HIV/AIDS. To this group, the virus was biologically engineered and purposefully transmitted to humans for destructive purposes.

Then, there are individuals who attributed outright conspiratorial genesis to the virus. Dating back to the 1980s, suspicions had already been rife among the African National Congress (ANC) leadership that the HIV virus was a product of U.S. military conspiracy. It was also thought among the ANC leadership that the apartheid regime of South Africa created the disease to decimate African populations in order to appropriate Africa’s wealth (Nxumalo, 1988b; Rodlach, 2006). Pipes (1997) also pointed out that, in the United States, some prominent figures in the African American community attributed conspiratorial sources to the high prevalence rates of HIV/AIDS among African Americans. For example, the comedian, Bill Cosby was noted to have alluded to the hidden hand theory. Bill Cosby is noted to have asserted that AIDS was engineered by some individuals to destroy certain people they disliked. The movie director, Spike Lee, and the rap artist, Kool Moe Dee, both claimed U.S. government engineered sources for the origin of the disease for genocidal intents against Black people. For Louis Farrakhan and Steven Cokely, a well-known former Chicago municipal official, the Jews were responsible for the disease. These individuals asserted that Jewish physicians injected the virus into Black babies in an attempt to annihilate the Black race around the world. Farrakhan also accused the U.S. Government of shipping a billion units of the virus to
Africa to annihilate the continent’s population in order to appropriate its wealth (Pipes, 1997). According to Allensworth (1998), when cataclysmic events occur and people feel impotent before history’s tidal waves—e.g. in the face of a war, economic collapse, or pandemics of significant enormity and proportion, such as HIV/AIDS, that threaten human existence—conspiracism provide certainty in these times of uncertainty to sections of society who explain the inexplicable by finding someone or something to blame.

While both variants of the chimpanzee and the monkey narratives are plausible sources of origin for the virus, they contradict each other on their own terms. Furthermore, evaluation of events associated with these two accounts produce contradictory results. For example, Epstein (2007) informed us that researchers from John Hopkins University analyzed blood samples from thousands of monkey-eating people of West Africa, where the virus was thought to have emerged from. Even though the researchers found the HIV-like virus in these monkey-eating individuals, the virus neither caused disease in them nor spread to others. This inconsistency leaves the natural transfer theory questionable.

Similarly, if the theory of urbanization, decolonization, wars, and industrialization are proposed as routes via which the disease had spread among Africans, it raises questions concerning other mass movements on the continent. For example, between 1700 and 1800, some twenty million Africans were thought to have been enslaved and shipped all over the world. Yet, there were no reported cases of HIV/AIDS among those slaves (Epstein, 2007).
From these analyses, it is evident these theories do not lead to any clear understanding of the origin of the disease. If the disease could originate from African monkeys and mutate through natural transfer into human species, it can also be cloned in a laboratory for good or for bad, as observed in Opendra’s experiment. The consensus among researchers, however, is that once mutation of the virus is on its course, all three probable sources have equal potency of leading to pathogenic AIDS (Epstein, 2007; Flint, 2011; Hooper, 1990).

Even though Natrass’s (2012) research was dismissive of conspiratorial origins of HIV, imputing a strong cross-species transmission of the SIV to humans, research suggests that quite a significant number of individuals hold conspiratorial beliefs about the origin of the disease. In 1990, a New York Times/CBS poll found that 10 percent of Black New Yorkers believed HIV was deliberately created in a laboratory as a weapon to destroy Blacks and a further 19 percent thought it might be true; for Whites, the figures were one and five percent, respectively (DeParle, 1990). In South Africa, in 2009, a Cape Area Panel Study of young adults in Cape Town revealed that, 16 percent of Black respondents agreed that “AIDS was invented to kill Black people” and that “AIDS was created by scientists in America” (Grebe & Nattrass, 2011). And, in South Africa’s Northern province, over half of (Black) PLWHAs surveyed in ARV treatment believed that AIDS was invented by Whites to annihilate Black populations (Navario, 2009).

The multiple cases of plausible and real biological engineering of viruses in laboratories provide strong foundations for those who attribute conspiratorial origins for the virus. The U.S. government’s bioweapon activities at Fort Detrick, which included
releasing infected mosquitoes over Savannah, Georgia (Harris & Paxman, 1982), plausible revelations in U.S. Senate and House Committee hearings into subversive violent activities against Blacks between 1960 and 1974 by the Federal Bureau of Investigation (FBI) and the Central Intelligence Agency (CIA) as part of government program known as COINTELPRO (counter-intelligence program) (Blackstock, 1976), the Tuskegee syphilis experiment (Thomas & Quinn, 1991), and the highly publicized trial of Wouter Basson for helping to develop poisons and covert weapons for use against liberation forces in South Africa (Berger & Gould, 2002) are some key events that may explain why purveyors of conspiracy theories point to the biological engineering of HIV/AIDS.

The attribution of conspiracy theories to the origin of HIV/AIDS can be viewed within the wider ideological realms of neocolonialism. For some postcolonial thinkers, such as Kwame Nkrumah, leaders of the ANC during apartheid, and Thabo Mbeki, etc., decolonization has not freed the African continent from the political, social, cultural, and economic influences of its former colonial masters. The continuing influence of the former colonial masters using capitalism, globalization, and cultural imperialism is what Nkrumah referred to as neocolonialism (Sartre, 2001). This arrangement has come to replace the direct military or political control from the metropolis. According to Tarabrin (1978), neocolonialism is “a new imperialist system whereby developing countries are subjected to indirect dependence, subordination, and exploitation” after the elimination of colonialism (p. 37). Since, for the conspiracy theorists, the creation of the HIV virus and employing it in bio warfare against Black people will subjugate the health of Black
people, it fits within the neocolonial agenda of exploitation and domination (Sometimes the term neocolonial is used together with the West. The West must be understood as a term loosely applying to European civilization—social norms, ethical values, political and economic systems—and countries whose history has been influenced by this form of civilization. Europe, the Americas (the U.S. and Canada), and Australia are seen as part of this association. When neocolonialism is employed together with the West—as in neocolonial West—it derisively suggest the continuing exploitation and domination of the developing world by countries influenced by European civilization as opposed to Eastern civilizations) (Kurth, 2003/2004). The neocolonialist West can, therefore, be seen as “the devil term” in line with Burke (1966).

While unravelling the origin of HIV would have helped in shedding some light on some important aspects of the disease, such as its source, the contradictory narratives about its source have rather aided in the mystification of the disease. The origin of HIV/AIDS is still a mystery and will remain so for a long time. Since people come to the HIV/AIDS discourse with diverse interests, motivations, and persuasions, the possibility of uncovering a narrative about the origin of the disease acceptable to all these groups is doubtful.

2.1.2. The geography of HIV/AIDS. Closely linked to the origin of the HIV virus is the trajectory of its spread. This trajectory will also help us to place selected artifacts into the context of the spread of the disease. Sub-Saharan Africa has the highest prevalence rate of HIV/AIDS in the world. With 68 percent (about 22.5 million) of
PLWHAs living in Sub-Saharan Africa in 2009, 69 percent of new infections in the same year, and two million deaths (Cleary, et al., 2011; IOM, 2011; UNAIDS, 2010), questions of the virus’s modes of spread are essential to understanding why some populations are more susceptible to contract the virus than others.

Even though Sub-Saharan Africa carries the greatest burden of the disease, there are regional variations across the region in the spread of the disease (IOM, 2011). These variations can be clustered into four sub-regional categories with some distinct characteristics but with some overlaps. It must be noted that the countries selected for these clusters are quite representative of their sub-regions, in spite of the fact that there are peculiarities to each country’s situation (IMO, 2011).

As observable from table 2.1 below, four regional categories are identifiable. These are West Africa, Central Africa, East Africa, and Southern Africa. While the IOM (2011) collapsed these regions into three categories—the hyper-endemic, the highest-prevalence, and the low prevalence—for its classification purposes, the categories are better understood with a fourth category—the higher-prevalence category—based on UNAIDS statistics (UNAIDS, 2010).

A distinguishing feature of the hyper-endemic category is that it bears the greatest burden of the disease in the world, both on regional basis and on country-levels. The hyper-endemic countries are located within the Southern Africa sub-region. This is followed by East Africa, which is classified as the highest-prevalence region. This region bears a great burden of the disease, but nothing comparable to the hyper-endemic region. The others are Central Africa with higher-prevalence and West Africa with low-
prevalence. The Gambia is located within the low-prevalence bracket. It has prevalence rates of approximately 1.3 percent (World Bank, 2014).

Table 2.1

HIV/AIDS Prevalence in Aged 15-49 in Sub-Saharan Africa

<table>
<thead>
<tr>
<th>Country</th>
<th>Prevalence among Aged 15-49 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Africa (low prevalence)</td>
<td></td>
</tr>
<tr>
<td>Ghana</td>
<td>1.8</td>
</tr>
<tr>
<td>Gambia</td>
<td>1.3</td>
</tr>
<tr>
<td>Senegal</td>
<td>0.9</td>
</tr>
<tr>
<td>Central Africa (Higher prevalence)</td>
<td></td>
</tr>
<tr>
<td>Chad</td>
<td>3.4</td>
</tr>
<tr>
<td>Congo</td>
<td>3.4</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>4.7</td>
</tr>
<tr>
<td>Eastern Africa (Highest prevalence)</td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>6.3</td>
</tr>
<tr>
<td>Tanzania</td>
<td>5.6</td>
</tr>
<tr>
<td>Uganda</td>
<td>6.5</td>
</tr>
<tr>
<td>Southern Africa (Hyper-endemic)</td>
<td></td>
</tr>
<tr>
<td>Botswana</td>
<td>24.8</td>
</tr>
<tr>
<td>South Africa</td>
<td>17.8</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>14.3</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>4.9</td>
</tr>
</tbody>
</table>

Sources: Adapted from UNAIDS, 2010

A further distinguishing feature about these categories is that, within each cluster, some variations are noticeable. For instance, within the hyper-endemic cluster, Botswana and South Africa are middle-income countries considered as relatively rich according to
sub-regional standards; whereas Zambia, Zimbabwe, Malawi and others, also within the hyper-endemic bracket, are low-income countries and are extremely poor (UNDP, 2014).

The highest-prevalence category comprises low-income countries, such as Uganda, Ethiopia, Kenya, and Tanzania, who bear a great burden of the disease. While the spread of the epidemic is not on the same scale in these countries as compared to those in the hyper-endemic category, these countries face resources limitations (IOM, 2011). For countries in the highest-prevalence brackets with limited resources, the IOM (2011) argued that it will be difficult for them to mobilize internal resources to roll out and sustain ARVs treatment for their PLWHAs, since “the cost of treatment is many times their per capita health expenditure” (p. 18).

For the higher-prevalence and the low-prevalence countries, in the exception of Senegal and Ghana, which are lower-middle income countries, all the rest are low-income countries. The difference within the low-prevalence cluster is that the Gambia and many other countries like it are low-income countries, whereas Senegal and Ghana are lower-middle income countries. For the higher-prevalence cluster, all of its members are low-income. Further differentiation is that, while the lower-prevalence cluster recorded the lowest sub-regional prevalence rates, the higher-prevalence cluster recorded higher prevalence rates comparatively.

The implication of these figures suggests that different levels of preparedness are required by different countries in dealing with the HIV/AIDS menace and its related ARVs issues. Most importantly, it is evident that the disease imposes enormous financial
burdens on those countries and sub-regions in the low-income groups with high-prevalence, higher-prevalence, and hyper-endemic prevalence rates of the disease.

Placing this data within the global context, Sub-Saharan Africa diverges from the rest of the world with the highest HIV/AIDS disease burden as presented in table 2.2 below:

Table 2.2

*HIV/AIDS Prevalence in Aged 15-49 Around the World*

<table>
<thead>
<tr>
<th>Region</th>
<th>Prevalence among Aged 15-49 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Africa &amp; Middle East</td>
<td>0.2</td>
</tr>
<tr>
<td>South &amp; South-East Asia</td>
<td>0.3</td>
</tr>
<tr>
<td>East Asia</td>
<td>0.1</td>
</tr>
<tr>
<td>Oceania</td>
<td>0.3</td>
</tr>
<tr>
<td>Latin America</td>
<td>0.4</td>
</tr>
<tr>
<td>Caribbean</td>
<td>1.0</td>
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<tr>
<td>Eastern Europe &amp; Central Asia</td>
<td>0.2</td>
</tr>
<tr>
<td>North America</td>
<td>0.6</td>
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<tr>
<td>Western &amp; Central Europe</td>
<td>0.8</td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>4.9</td>
</tr>
</tbody>
</table>

Source: AVERT Regional Statistics for HIV/AIDS 2011

If there is any lesson to be drawn from the wide regional, sub-regional, and country-level variations in the spread of HIV/AIDS, then that lesson should be the quest to interrogate these variations. This is the question of why individuals in some countries and regions are more disposed to contracting the disease than others.
2.1.3. Selected practices and HIV/AIDS. What is evident from the figures above is that, with regard to HIV/AIDS, members of some societies, countries, and regions are engaged in certain practices that help them to avoid contracting the virus, while members of other societies are involved in activities that predispose them to contracting the virus. Just like the origin of the virus, this is another aspect of the HIV/AIDS discourse where scholars and practitioners diverge in their views.

In the U.S., the U.S. Center for Disease Control and Prevention (CDC) (2013) reported that sexual transmission of the disease remains the highest form of transmission, but with sub-group variations. The Center noted that, the most vulnerable group is men who have sex with men (MSM) of all races and ethnicities. The MSM group represents about four percent of the U.S. population, but they accounted for more than three-fourths (78 percent) of new HIV infections among men and nearly two-thirds (63 percent) or 29,800 of all new infections in 2010. While the MSM group as a whole is noted to account for the largest number of new HIV infections, White MSN represents the largest number of new HIV infections among MSM (11,200). This is followed closely by Black MSM (10,600) (CDC, 2013).

Heterosexual sexual intercourse forms the second largest infection route for the virus in the U.S., accounting for 25 percent (12,100) of the estimated new HIV infections in 2010. About two-thirds (66%) of those infected through heterosexual sex were women. The other groups are Injection Drug Users (IDU), who constituted eight percent, and MSM who also inject drugs (or MSM-IDU), being three percent (CDC, 2013).
indication is that sexually-related activities form the largest route to HIV infection in the U.S.

For Russia, Eastern Europe, and Central Asia, unlike the U.S., the most common route to HIV infection is through IDU. It is estimated that one-quarter (about 925,000) of Eastern Europe’s and Central Asia’s IDUs of 3.7 million people is living with the disease and, currently, 40 percent of all new HIV/AIDS cases in this region are transmitted through IDU. The HIV prevalence among sex workers in Eastern Europe is estimated at 11 percent. In Ukraine in particular, HIV prevalence among female commercial sex workers who also inject drugs is estimated at 43 percent. This is different from Russia, where two-thirds of infection among women is through heterosexual contacts (AVERT, 2014).

These figures, in the case of the U.S., on the one hand, and in the case of Russia, Eastern Europe, and Central Asia, on the other hand, are still significantly lower, as compared with the HIV/AIDS prevalence rates in Sub-Saharan Africa. It is clear that while in the U.S. sexually-related activities accounted for the highest routes to HIV infection, for Russia, Eastern Europe and Central Asia, it is IDU.

In Southern Africa, polygamous relationships, as well as multiple partners, are seen as the commonest route to contracting the virus. In this sub-region, sexual networks of men are said to be quite extensive and acceptable among the population (AVERT, 2014). In West Africa, where prevalence rates are moderate, sex workers are known to account for between 10 to 32 percent of all new infections (AVERT, 2014). The spread of HIV in the Gambia does not deviate from the commonest mode of spread of the
disease in West Africa. Although hard data on the commonest mode of spread of HIV/AIDS in the Gambia was difficult to come by, a qualitative report authored for the Gambia National AIDS Secretariat suggested that sex workers, truckers, and uniformed men or people in the security services remain the most vulnerable groups. Among these groups, the prevalence rates of the disease are high, suggesting the highest mode of infection in the Gambia is among sex workers who are patronized by individuals within the aforementioned groups (Mah & Dibba, 2008).

While sexually-related activities are the commonest route to contracting HIV in Sub-Saharan Africa, the specific sexual behaviors that predisposed Africans to contracting the disease have been called to question (Sastry & Dutta, 2012). Since there are countless theories regarding why Africans are more susceptible to contracting the disease, this study highlights a couple of these theories.

From the most outrageous depiction of African sexual behavior from John Caldwell (1989) to what tends to be a more plausible depiction by Morrison (2000), there are many theories in between. In a stereotypical fashion, the Australian demographer Caldwell et al. (1989) claimed that the virus was spreading rapidly in Africa because of the people’s unique sexual system, characterized by higher rates of casual premarital sex. Epstein (2007) pointed out that “Caldwell’s theory sparked controversy, not only because it seemed to revive tired stereotypes about African sexuality, but also because studies suggested that Africans were not more promiscuous than heterosexuals in other world regions” (p. 51).
In a more plausible depiction, Morris (2000) argued that other researcher missed the point by attempting to view the spread of AIDS in Africa through the lens of sexual behavioral patterns of AIDS-affected communities in the West. She believed that this lens led to a failure to understand the disease’s mode of spread. Morris’s (2000) study discovered that, while people in the West share certain sexual characteristics with Africans, there are also some cultural differences in their sexual behaviors. For example, in the West, people engage in serial monogamy, so on the life course a Westerner might have more sexual partners than an African, but these relationships rarely overlap. But in Africa, a good number of men and women, through polygamous marriages, maintain ongoing relationships, which are fertile grounds for the transmission of the disease.

According to Epstein, (2007), unlike serial monogamy in the West (whereby one relationship is concluded before another begins), concurrent relationships might overlap even for a lifetime, linking people up “in a giant web of sexual relationships that creates ideal conditions for the rapid spread of HIV…in this case, if one member contracts HIV, then everyone in the web is immediately placed at very high risk as well” (p. 55 & 59). Epstein (2007) also employed the concept of a “viremic window” to explain that by the time the serial monogamist moves on to a new partner, the viral load will have fallen and unlikely to infect the new sexual partner.

This, however, leaves questions of why in Muslim countries, where polygamy is sanctioned, the prevalence rates of the virus are low. To this puzzle, Epstein (2007) proposed two likely explanations. Epstein argud that, “first, nearly all men in Muslim societies are circumcised, which limits the heterosexual spread of HIV; and second, in
many Muslim societies, women’s sexual behavior is under strict surveillance by male relatives, and penalties for female infidelity are severely punished, preventing widespread concurrent relationships outside marriage (Epstein, 2007, p. 61).

From these observations and analysis, it is evident that the modes of transmission of HIV vary greatly across geographical regions. It is also clear that the spread of the disease is strongly influenced by local cultural habits (Leoni, 2010). Unfortunately, highlighting what might be considered negative aspects of culture tends to be a very sensitive endeavor, with the propensity for a backlash. A good example of this is a critical essay by Sastry and Dutta (2012) that condemns PEPFAR’s for what they considered to be PEPFAR’s gendered discourse which labels polygamy as a primitive traditional practice. The duo contended that, instead of PEPFAR turning its attention to “structural factors, such as poverty, changes in agricultural ownership, and large scale unemployment as a result of structural adjustment programs, a situation that renders women more vulnerable to HIV/AIDS,” polygamy and other aspects African cultural practices became the target for PEPFAR (p. 31).

From the discussions thus far, one can conclude that attempts to unravel the origin of the HIV virus are as controversial as efforts to unpack the kinds of sexual behaviors that predispose individuals to contracting the disease. Discussion of sexual practices that predispose individuals to contracting the disease, as in the case of polygamy in Sub-Saharan Africa, can turn volatile and unproductive, as some see these discussions as an attack on their cultural values. If there are any areas of consensus in this area of
knowledge, then it is the figures regarding the spread of the disease that are not in dispute.

2.2. The Therapeutic Landscape of HIV/AIDS in Sub-Saharan Africa

In response to the HIV/AIDS pandemic, different health and healing systems have developed different therapeutic mechanisms in constructing the disease, educating their members, and in treating those living with the disease. Madge (1998) pointed out that the variations in response to a disease are a matter of beliefs, practices, experiences, and material conditions that shape a people’s or social group’s response to disease, health, and medicine. It is, thus, essential to recognize the socio-cultural variations that shape the various health care systems and the power relations within which they are immersed.

With regard to the response to HIV/AIDS in Sub-Saharan Africa, four therapeutic responses are identifiable. These are the biomedical, the traditional, the Christian, and the Islamic models of care.

2.2.1. The biomedical model and HIV/AIDS. Since the discovery of HIV/AIDS, its therapeutic and prophylactic narratives have been rooted mainly in the biomedical understanding of disease and illness. From diagnosis, the breakthrough of the life prolonging ARVs, to the care and management of the disease, biomedicine is emphasized (Epstein, 2007). The dominance of biomedicine in the HIV/AIDS discourse is observable in the conceptualization of most therapeutic and prophylactic programs around the world. According to Tenkorang, Gyimah, Maticka-Tyndale, and Adjei (2011), most HIV-
From the biomedical perspective, AIDS is brought on by HIV, a retrovirus that attacks the body’s immune system over a period of time (Flint, 2011). Leoni (2010) categorized three phases of disease evolution in infected persons. The first phase is associated with a drop in CD4 white blood cells that help other cells to fight any diseases that enters the body. When people get infected, it may take a couple of months for symptoms to be diagnosed. The second phase, known as the latency period (three to five years), is when medium-scale opportunistic infections occur. The third phase is when a full blown AIDS occurs with a breakdown in the body’s immune system, leaving the immune system vulnerable to opportunistic infections, which eventually causes death in an infected person (Flint, 2011; Leoni, 2010; Whiteside & Sunter, 2000).

Based on this conceptualization of the virus, Biomedicine imposes empirically testable and replicable methods or procedures on the determination of the presence of HIV antigens in the human body. As noted by du Pre (2005), the biomedical model of medicine is based on the premise that “ill health is a physical phenomenon that can be explained, identified, and treated through physical means” (p. 10). The implication is that, from a biomedical perspective, HIV/AIDS can be diagnosed through clinical tests of blood or saliva for HIV antigens to determine the presence of the disease and the stage of its development by CD4 counts.

In this regard, illness, and for that matter HIV/AIDS, is reduced to a language of chemistry and physics, whereby “laboratory tests and the results of physical
examinations” are prioritized (Mishler, 1984, p. 10). For White and Epston (1990), this is “the tradition of positivist science, interpreted as breakdown and regression… [and in the realm of] unitary and global truth claims” (p. 7 & 20). Through these materially quantifiable processes of the scientific method, the onset of AIDS and its related sicknesses can be determined by the quantification CD4 counts (Flint, 2011). Biomedicine, thus, emphasizes natural laws that give precedence to “technique over person and their social identity within a community” (Good, 1987, p. 13). The understanding is that biomedicine is rooted in objective reality of the modern scientific approach to the understanding and interpretation of diseases, including HIV/AIDS.

In the biomedical model, the use of ARVs is the recommended way of managing the virus in an infected person to fend off opportunistic infections. This is with the understanding that there is not a cure for the disease. Those who are infected with the virus can only manage the disease by taking the recommended ARVs to boost their immune system against opportunistic infections (Epstein, 2007; Flint, 2011; Leoni, 2010).

With regard to the transmission of HIV, there are three main recognizable ways that the virus is passed one from an infected person to an uninfected person. The first is through sexual intercourse with someone who is carrying the HIV virus. The second forms of transmission are through the sharing of needles and all other forms of transmission through blood-related transfusions. The third source, which is mother-to-child transmission (MTCT) also includes all other forms blood-related transfusions; for example, deep-open-mouth kissing, contact between broken skins, and receiving of
transplants that are contaminated with HIV (CDC, 2014). In the case of the first form of transmission (sexual intercourse), the CDC (2014) regards anal sex as the highest-risk sexual behavior that exposes uninfected persons to contracting the virus. In the case of the second, through the sharing of needles, this is either in clinical situations or through injection drug use (IDU). This is what constitutes the general understanding of HIV transmission sources within the biomedical model (CDC, 2014).

Because sexual activities and IDUs are presumed to emanate from individual-level decisions, and because they constitute the most common routes to contracting HIV, individual action is centralized as necessary in avoiding infection in the biomedical model. Even though Airhihenbuwa and Obregon (2002) recognized the centrality of the individual in Western thought, they spurn the wholesale export of these strategies into societies structured along communal and collective principles. For Sastry and Dutta (2012), it is not a happenstance that HIV/AIDS prevention strategies are based on the locus of the individual in Western societies; these are manifestations of the neoliberal ideological doxa which informs and dictates these strategies. A good example of HIV/AIDS prevention strategy that focuses on the individual is the A-B-C strategy (Abstinence-Be Faithful-Condom Use), which was employed by PEPFAR funded programs in the care and management of PLWHAs. Tenkorang, et al. (2011) expressed similar views when they pointed out that “most HIV-prevention programs have been built on individual behavior change rooted in a biomedical model of understanding of disease causation …rooted in the rationality of science to the neglect of other non-scientific [or spiritual] explanations of the disease” (p. 1001).
The emphasis here is that personal actions predispose one to the risk of contracting the disease. Behavior change, for example, the reduction in the number of sexual partners, the use of condoms, avoiding needle-sharing, etc., are, therefore, the recommended actions to take to avoid contracting the virus. Beneath this narrative of the disease lies the assertion that there is no cure for HIV/AIDS (Epstein, 2007; Flint, 2011; IOM, 2011: Leoni, 2010). It is, therefore, the responsibility of the individual to take the steps stipulated above to avoid contracting the disease. Or, when even the individual contracts the virus, he or she must take the necessary steps to stay on ARVs in order to maintain good health and avoid opportunistic infections.

The hegemonic nature of the biomedical model implies its logics become the principles upon which therapeutic and prophylactic programs for even non-Western societies are formulated and implemented. This is irrespective of the differences in cultural understanding and interpretations of the virus. For Tenkorang et al. (2011), the danger involved in this way of conceptualizing the disease is that, in settings where people believe that AIDS is caused by agents over which they have no control, a model that focuses on individual actions may be ineffectual.

The contention of Airhihenbuwa and Obregon (2002), Sastry and Dutta (2012), and Tenkorang et al. (2011) is that while the individual-level focus on HIV/AIDS in Western societies might be very effective, that is not the case with many non-Western societies, including Sub-Saharan Africa. In Sub-Saharan Africa, the spiritual and the religious dimension of health, illness, and healing are emphasized.
Closely connected to the conceptualization of HIV/AIDS is the question of a society’s preparedness, with regard to its therapeutic or medical infrastructure, in offering treatment to its people. This is observable in the availability of health infrastructure in each society in terms of health human resources and other medical amenities. For the purpose of this study, this discussion is limited to the availability of health human resources and the availability of hospital beds because of their relevance in the health delivery process, especially with regard to HIV/AIDS care and management.

Across the developed world, the doctor-population ratio is estimated at 1:500 (Flint, 2011). On regional basis, the WHO in 2006 put the total full-time paid health workers (doctors, midwives and nurses) and support staff (pharmacists, technicians and clerical staff) worldwide at nearly 60 million, of which 16 million practiced in Europe and 21 million in the U.S. (WHO, 2006a). This brings the total of health practitioners in Europe and America combined to 37 million.

Across Africa, the vital health human resources for the health delivery are acutely unavailable. According to the WHO (2006a) only 1.6 million of the required health human resources are available across Africa. In most parts of the continent, populations are in excesses of 20,000 per doctor.

With regard to availability of hospital beds, the WHO estimates in 2009 indicated that there were 63 hospital beds per 10,000 people in Europe (WHO, 2009). In terms of this resource there were only 10 beds per every 10,000 people in Africa. While statistics on bed availability in the U.S. and other parts of the world are not readily available, 63 hospital beds per 10,000 with well-resourced health practitioners implies Europe’s
preparedness to provide support for its PLWHAs based on its biomedical therapeutic practices.

Flint (2011) pointed out that the limited availability of both medical human resources and health facilities portray Sub-Saharan Africa as trapped in a medical age from which the rest of the world has long moved on. But it must be recognized that within these figures are embedded the history of public health, its political economy, and other socio-cultural issues. Biomedical public health infrastructure is of Western origin. This historical fact should be recognized in the disparities that are observable in the availability of this infrastructure across the Western world as compared to other societies; for instance, Sub-Saharan African countries.

2.2.2. The traditional model and HIV/AIDS. Leading from the above, the question of traditional or local understanding and interpretation of the cause of HIV/AIDS and its therapeutic practices arise. While recognizing the wide-ranging diversity that characterizes the African continent, there are some identifiable similarities that connect the people of the continent. One such connection is noticeable in the cosmological conceptualization of disease, health, and healing in which religion and other traditional beliefs play a great role.

In most parts of Africa, the concept of illness and healing has a religious or spiritual dimension. From the spiritual or religious perspective, there are always supernatural interventions in the affairs of men for good or for bad. Based on this understanding, “a significant proportion of African societies separate illnesses into two
categories: ‘natural’ illnesses [illnesses of natural causes] and those brought about by some form of malicious human intervention [or, unnatural illnesses],” with the latter being the result of the destructive intervention of some supernatural powers invoked by men (Flint, 2011, p. 92). Death from anything other than “old age” can, therefore, be perceived to be “unnatural” (Orubuloye & Oguntimehin, 1999).

For Airhihenbuwa (1995), sickness from unnatural causes must be seen as relating to a crisis in some phase of a transition in a person’s life. In this regard, appeals and supplications are required to restore the broken relationship between man and his fellow man, on the one hand, and man and the supernatural world, on the other hand. Similar views are highlighted by White and Epston (1990), who also underscored religious performances, curative herbal potions, and folklore narratives as remedies from a cultural viewpoint in dealing with sicknesses.

Zeroing in on natural illness, they are considered as “those [illnesses] that ‘just happen,’ no one is blamed for them, and the symptoms are generally treated without recourse to ritual or ceremony” (Flint, 2011, p. 93). A few examples of natural illnesses include colds, influenza, childhood diseases, and headaches. On the other hand, “unnatural” illnesses can cause prolonged sickness in their victims as a form of punishment by the supernatural powers. Examples of unnatural illnesses are smallpox, chronic dysentery, tuberculosis, and, of course, HIV/AIDS (Inyang, 1986). Flint (2011) pointed out that the existence of “unnatural” illness forms much of the basis for what he termed the ‘witchcraft paradigm,’ which apportions responsibility of illness to supernatural powers outside of the individual.
Since the cause of the disease is attributed to external powers within the traditional paradigm, questions of the link between the disease and causal factors require answers. Some of these questions are: how are illnesses transmitted, why is a particular individual infected, and what symptoms announce a particular ‘unnatural’ illness? These are crucial questions within this model of understanding health and healing. There is consensus among scholars that, “across much of Africa, diseases that are deemed to be ‘unnatural’ are usually understood to be caused by ‘pollutants,’ often deliberately placed to contaminate the victim unknowingly, witchcraft, or ancestors sighted as a result of broken taboos” (Ashforth, 2002; Ingstad, 1990; Libdell et al. 2005; Ngubane, 1977; cited by Flint, 2011, p. 93). Others employ the term unnatural to underscore the mystical origin of diseases, similar to the witchcraft terminology (Herzog, 1936).

From the witchcraft viewpoint, sexually-transmitted diseases (STDs), including HIV/AIDS, have been understood to be the result of witchcraft or ‘pollution,’ caused by violated sexual taboos. A man’s intercourse with a widow, for instance, or with a woman who has recently miscarried, or terminated a pregnancy may result in pollution in an individual (Flint, 2011). There are variations of these beliefs across Sub-Saharan Africa. For example, among the Zulus and Xhosas of South Africa, it is a widespread belief that polluting effects of women reflects in their ability to use their genital organs as conduits for malicious magic. In East Africa, it is known among the Samburus that a man who becomes too infatuated with an unattainable woman can contract gonorrhea (Flint, 2011). In another variant of this belief, Green (1992b, 1994) pointed out that some traditional healers in Liberia believe that STDs can be transmitted through the air, through food, or
even through contact with clothes of a bereaved. Green (1994) also pointed out that similar ideas are found in Ghana, Mozambique, Swaziland, and Zimbabwe.

From these notions with regard to STDs, especially HIV/AIDS, there is the indication that the witchcraft paradigm or the traditional healing systems emphasize the spiritual dimensions of diseases in addition to the physiological. Ashfort (2002) argued that it is pointless to even interrogate traditional interpretations of STDs, including HIV/AIDS, since the diseases linked to AIDS—tuberculosis, wasting, and diarrhea—are hardly linked to sex in the traditional cosmology.

In spite of the shortcomings of the traditional paradigm, particularly with regards to HIV/AIDS, the traditional paradigm serves some social functions. Illiffe (2004) pointed out that, due to the high levels of stigmatization of PLWHAs in Sub-Saharan Africa, people use the witchcraft explanation to escape from blame in their societies. He estimated that nearly 50 percent of funerals in Southern Zambia were the result of AIDS, yet only about three percent of families of the bereaved acknowledged or declared the HIV/AIDS status of the deceased. The understanding is that, if the society perceives an unnatural illness to be caused by a witchcraft rather than HIV/AIDS, then the infected person is likely to escape the harsh judgment of his her community or society. Similar notions were expressed by Thomas (2008), who pointed out that families will rather attribute the death of their beloved ones to witchcraft or something else than HIV/AIDS, even if the cause of death was HIV/AIDS. According to Thomas (2008), by attributing the cause of death to witchcrafts, relatives of affected families are able to avoid stigmatizing their families.
Just like the biomedical apparatus, questions of available health human resources and health infrastructure within the traditional setup cannot be avoided. First, unlike the biomedical practitioners who are called doctors, practitioners of traditional medicine are referred to by various names. The names depict the kind of services they render. It must be noted that, sometimes, these names overlap. A traditional healer, however, represents a broad range of practices that encompasses all the segments of healing practices that might be deemed indigenous. Some of the categories of healers in this sphere of practice include, herbalists, spiritualists, diviners, and faith healers (UNAIDS, 2000).

As there are variations within the traditional/witchcraft paradigm and its conceptualization of STDs, including HIV/AIDS, so are there variations within the traditional or indigenous practices with regard to traditional medicine. The UNAIDS (2000) pointed out that “African traditional healers mirror the great variety of cultures and belief systems on the continent, and possess equally heterogeneous experience, training, and educational background” (UNAIDS, 2000, p. 9). Unlike biomedicine which is based on universality, reliability, and replicability in its practices, “wherever African traditional healers knowledge, attitudes, beliefs and practices about STDs and AIDS have been explored, findings have reflected...traditional healers...pre-existing belief systems about health and disease in general, and STDs and AIDS in particular” (UNAIDS, 2000, p. 9).

Green (1992a) pointed out that, in many Sub-Saharan African countries, practitioners of traditional medicine could name and describe numerous STDs, but their
descriptions mostly deviate from the biomedical construction of STDs. And, on a more serious note, only a few of these practitioners consider AIDS as an African disease.

Since for the most part the disease is viewed from unnatural causes, treatment practices within the traditional healing system for HIV/AIDS also reflect or follow the logic of spiritual transmission and causation. For example, within this paradigm, the wearing of protective charms or the wearing of tattoos are known to repel supernatural powers with evil intents. Another anecdote to disease in this paradigm is to have “a strong blood,” which should have natural resistance to the disease. Other examples include the wearing of condom to reduce the risk of “pollution,” that is, if it fits into the cosmological worldview of the healer. Some individuals also undergo traditional vaccination, which consist of introducing herbs into skin incisions, drinking herbal potions as means of preventing pollution (Green, 1992; Green et al. 1996; Nzima et al., 1996; Schoepf, 1992).

In the Gambia, for instance, where the use of supernatural techniques in the form of prayers, charms, incantations, drinking herbal potions, and the wearing of amulets do not deviate from the examples above, it is also thought among the local people that traditional medicines provide remedies to ailments that biomedicine fails to treat (Anderson, 1998). In this regard, traditional medicine tends to be more powerful than biomedicine or may play a complementary role in the treatment of certain unnatural diseases. Particularly in the case of HIV/AIDS, some practitioners claim they can eradicate the disease or cure those living with it (Amon, 2008).
However, scholars have raised doubts about the clinical effects of these treatments on HIV/AIDS, especially where herbs are employed. Mills, Cooper, Seely, and Kanfer (2005) reviewed the pharmacological and toxicological contents of two specific African herbal plants—African Potato and Sutherlandia—recommended by the Ministry of Health (MOH) of South Africa for use by PLWHAs in treating the HIV/AIDS virus. Their conclusion was that, in spite of the popularity of these herbal plants among South Africans, their clinical trials failed to reveal any efficacy to treat HIV/AIDS. Similarly, in 2005, a medical university in South Africa conducted clinical trials on the popular herbal plant *Ubhejane*, which was known among South Africans to cure HIV/AIDS. Despite a high profile recommendation of the plant by the then South African Minister of Health, Manto Tshabalala-Msimang, as a cure for HIV/AIDS, the medical center found the herb to have no effects on the treatment of HIV/AIDS (Flint, 2011).

The South African experience typifies the attempt to employ traditional medicine for treating HIV/AIDS in Sub-Saharan Africa. In a bid to promote traditional medicine in the face of the HIV/AIDS crisis, the Mbeki government was enthusiastic to explore the idea of an African solution for an African problem. Flint (2010) pointed out that this enthusiasm culminated in the crafting of a Traditional Health Practitioners Bill in 2003. But this genuine homegrown attempt to strengthen the traditional health care system to support the overwhelming number of PLWHAs only helped to unearth the difficulties associated with defining who qualifies to become a traditional healer. Flint (2011) observed that among the Zulus, anyone wishing to qualify as herbalist, *isangoma*, is less qualified from a bureaucratic perspective. While diviners are chosen by the ancestors,
herbalist and other traditional healers may have to train with an established isangoma. But in any case, dreams, revelations, and visions are a medium common to these practitioners in healing their clients. The results of this situation is the difficulty in setting standards for traditional medicine, identifying charlatans in order to weed them out, and legitimizing their practices in the face of the HIV/AIDS crisis.

In spite of the above shortcomings associated with traditional medicine or healing systems, the UNAIDS and WHO have recognized some strengths associated with its practices. According to the UNAIDS, traditional healers provide a large accessible, available, and affordable trained human resource pool in Sub-Saharan Africa. They are also known to provide client-centered, personalized health care that is culturally appropriate, holistic, and tailored to meet the needs and expectations of patients. Their closeness to patients or clients is also seen as a great advantage for effective communication about the disease and other related social issues, especially in cases of STDs and HIV/AIDS (UNAIDS, 2000).

According to the WHO (2002, 2008b), about 80 percent of people living in Africa consults traditional healers owing their availability, accessibility, and cultural importance. This accounts for their high numbers in Sub-Saharan Africa. The traditional healer to patient ratio across Sub-Saharan Africa is estimated by the WHO to be between the averages of 1:200 and 1:400. These figures, thus, explicate why the traditional healer remains the first port of call for the sick, including those living with HIV/AIDS, in most Sub-Saharan African communities.
2.2.3. The Christian model and HIV/AIDS. There have also been faith-based responses among Christian communities in the treatment of HIV/AIDS in Sub-Saharan Africa, which also tends to be at odds with the Western biomedical approach (Flint, p. 128). With an estimated 495 million Christians in Sub-Saharan Africa by 2008 (WRD, 2008), Christianity is the largest religion in Sub-Saharan Africa. The ways Christianity conceives of diseases, especially HIV/AIDS, can thus be crucial to how its mammoth number of adherents respond to issues concerning care for PLWHAs and HIV prevention messages, etc.

In 2005, Global Health Council estimated that faith-based groups provided about 40 percent of all healthcare needs in poorer countries, especially in rural communities. The Roman Catholic Church is seen as a model in this regard. Through its relief agency, the Catholic Relief Service (CRS), the Catholic Church provides health care support for the needy, including the provision of ARVs for PLWHAs (CRS, 2008a). In the area of HIV/AIDS, the Catholic Church is recognized to be the largest private provider of care to PLWHAs in the world, providing about one-quarter of all HIV treatment and care (UNAIDS, 2013). In spite of its laudable contributions, the church’s HIV prevention measures are seen as counterproductive to the fight against HIV/AIDS (Joshua, 2010; Agadjanian & Sen, 2007). The church’s moral message of abstinence, fidelity in marriage, and its opposition to condom use are thought to have caused the preventable deaths of a significant number of PLWHAs around the world (Goldacre, 2010, September 10).
In some instances, the churches have been accused of attempts to proselytizing PLWHAs, including constructing HIV/AIDS as a punishment from God (Togarasei, 2010). In this regard, Agadjanian and Sen (2007) categorized the churches into two groups: the orthodox churches, or what he termed as the “mainline” churches, for example the Roman Catholic and Presbyterian churches; and the charismatic churches, or the “healing” churches, for example the Zionist, Assemblies of God, and the apostolic churches. Because of the centrality of divine healing to the latter’s doctrine, they make their followers believe that all things, including HIV/AIDS, are under Gods’ control, and it is only God who can heal (p. 363). This notion is connected to the idea that humans are the temple of God; therefore, their lives should glorify God and accommodate God. From this perspective, HIV/AIDS is viewed as a punishment from God for those who disobey his words, including sexual perverts (Togarasei, 2010). Togarasei (2010) also pointed out that Christians revert to Biblical verses to support this theological stance. The text of 1 Samuel 16:14 in which God allowed Saul to be afflicted with evil spirits, the judgment day warning in Revelation 20:12, and many other texts in the Bible are employed to support the divine punishment thesis. To add to that, because the disease was initially discovered among gay men and IDUs, the foregoing narrative fits perfectly with this religious script, which some Christians continue to uphold till today (Togarasei, 2010). To this end, Christians see the disease as a moral disease, not a medical one (Krakauer & Newbery, 2007). It is not uncommon to hear “for the wages of sin is death, when referring to someone who died of AIDS,” using Romans 6:23 as a text for admonishing
both PLWHAs and the uninfected (Togarasei, 2010). PLWHAs are, thus, potentially stigmatized by “virtue of their ‘moral culpability’” (Flint, 2011, p. 132).

With particular reference to the Southern African region, Germond and Molapo (2006) accused the Pentecostal churches and African initiated churches of making such claims. In their estimation, it is the influence of the African cosmology of diseases—whereby diseases are seen as both physical and spiritual—that accounts for some of these beliefs, making adherents assigned treatment and cure of the diseases to the supernatural. According to Shoko (2007), Christians in most African societies believe that those who repent and turn to God will be healed. To them, since God is the source of all things, including HIV/AIDS, God also has the power to heal them. Healing rituals are, thus, performed in some of these churches to restore the health of PLWHAs. Tagarasei (2010) explained that this is based on the Biblical text, Luke 1:37, which declares that, “For with God nothing shall be impossible.” Watt et al. (2009) reported that 10 PLWHAs out of 21 PLWHAs (all Christians) they interviewed in Tanzania claimed they have heard other people say that it was possible to be cured from HIV through prayers, and four among them actually expected to be cured of the disease. Some churches have been accused of even telling their members who are HIV positive to stop taking the ARVs, since to them the word of God is more powerful (Tihalerwa, 2006). Mmegi (2007) also reports that ARV tablets were found burnt and discarded in a makeshift church in Francistown in Botswana, confirming the disdain of some churches to ARVs based on their beliefs in the healing powers of God. IRIN (2007) also reported an Ethiopian church in which members on ARVs stopped taking the drugs and resorted to the church’s holy water instead.
The churches “have combined Christian teachings with indigenous customs such as ritual sacrifice, divination, and dress” in their healing practices (Krakauer & Newbery, 2007, p. 28). In the churches, too, just like the traditional setup, Krakauer and Newbery (2007) pointed out that, because of stigma, most people hide their sickness status. But, analogous to traditional medicine and Islamic cure, there is no evidence to suggest that these prayers heal PLWHAs. Togarasei (2010) reported that a woman, in a research interview, asserted that she was at the mercy of these churches but was only saved by ARVs: “I was almost dead. They prayed for me but that could not help. They even told me the illness was the will of God and that if I were to die this was the will of God. To them I was almost dead. ARVs raised me,” he recalled from his interviews (p. 432).

2.2.4. The Islamic model and HIV/AIDS. Islam follows Christianity closely with 420 million adherents on the African continent (WRD, 2008). Majority of these people live in Nigeria, Senegal and, in the northern part of the continent, above the Sahelian region.

Akin to Christianity, Islamic conceptualization of disease is based on faith. With reference to Nigeria, which has the largest population of Muslims South of the Sahara, Tocco (2010) pointed out that there is an increasing Islamic orientation towards disease. This orientation focuses on the spiritual dimensions of sickness, the power of prayer, and the Qur’anic recitations. Adherents of the faith resort to natural cures proscribed in the Qur’an and the hadith. This orientation is based on the long-established tradition in Islam known as medicine of the prophet (Wall, 1988). The understanding among Muslims is
that no illness can resist the word of the Almighty Allah. According to al-Jawziyya (1998), “whatever illness of heart or body, the Qur’an contains the way pointing to its remedy, its cause, and protection from it…” (al-Jawziyya, 1998, p. 250).

With the discovery of HIV/AIDS, the spiritual conception of health and healing in Islam has been extended to the understanding of the HIV virus and its treatment. This is based on the belief that those living with the disease can be cured through certain Islamic practices. A practice known as rukiyya, whereby passages from the Qur’an known to have healing powers are recited, is then invoked in treating HIV/AIDS (Tocco, 2010). In a similar custom, “Shan rubutu, (literally, ‘drinking writing’ in Hausa) verses from the Qur’an known for their curative powers are written with a non-toxic ink onto sheets of paper, often thousands of times” (Wall, 1988, p. 237). The paper is then soaked in water and “the afflicted person drinks the resulting liquid, literally internalizing the potency of the verse.” This concoction is thought to be a therapy for the sick and, for that matter, PLWHAs (Wall, 1988, p. 237).

These conceptions of disease in Islam also emphasize the will of God, which places healing in the realm of the spiritual through divination, numerology, and prayer. Anderson (1998) described these practices as ubiquitous; thousands of storefront Islamic chemists dispense natural vegetal and mineral treatments proscribed in the Qur’an in the Gambia. While these storefront chemists are able to dispense the prescribed therapies, such as garlic, olive water, olive oil, plants or herbs, the Malam functions as the spiritual leader, an educator, a health practitioner, a diviner, and a pharmacist in most Islamic communities (Abdallah, 1997; Wall, 1988). So, just like the Traditional and Christian
paradigms, Islamic treatments are also constructed on the belief in Allah and the spirit world, with implications for the treatment practices available within its ambit.

Another similarity between the Christian view of the disease and that of Islam is that, Islam also forbids premarital and extramarital sex, thereby banning casual sexual escapades (Gray, 2004; Koran 5:90.2:219). In this sense, people who contract the disease, just as in the case of Christianity, risk being stigmatized as perverts who are being punished by the Almighty Allah for their promiscuity or infidelity. In the Gambia, where 90 percent of the people are adherents of the Islamic faith, this way of constructing health and healing narratives around HIV/AIDS may have profound implications on people’s health seeking behaviors. Similar to the Christian model and the witchcraft models, the Islamic model tends to be oblivious to the realities of HIV/AIDS from the biomedical perspective.

2.3. Economic Issues Surrounding HIV/AIDS and ARVs.

The discovery of antiretroviral drugs (ARVs), known to boost the immune system of PLWHAs, fend off opportunistic infections, and dramatically extend lives of PLWHAs, has offered PLWHAs some hope of a quality life, devoid of the debilitating effects of the disease. A disease that was once considered deadly was transformed into a chronic but manageable illness. This reduced the menace around the disease among PLWHAs and averted the incidence of mother-to-child transmission of the disease (Scott, 2004; Masci, 2001). However, like most economic issues, the cost of ARVs appeared to have exposed some global economic concerns, with implications for the
availability and the accessibility of ARVs in Sub-Saharan Africa. This subsection explicates the Economic Issues Surrounding ARVs, delineate the contending paradigms: the postcolonial, the avant-garde, the activist, and the humanitarian paradigms from which these economic issues are considered. The section concludes with the future of ARVs and their economic impacts.

2.3.1. Economic issues surrounding ARVs. The availability or unavailability of ARVs in particular countries tend to reflect the global economic landscape. Developed countries are well-resourced to support ARV programs for their PLWHAs and developing countries are resource-poor and unable to support ARV programs for their PLWHAs. According to Flint (2011), the HIV/AIDS and the ARV discourse tends to evoke the good old antagonism that “epitomize many components of North-South relations: questionable governance, underdevelopment, neo-imperialism and its resistance, and the contested nature of globalization” (p. 16).

First, a close look at the regional variations in the spread of HIV/AIDS indicated that Sub-Saharan Africa tends to record the highest infection rates of the disease in the world. At the same time, this region is also considered to be resource-poor, as compared with other regions of the world, and unable to support ARVs provisions for its PLWHAs. These disparities are noticeable in the GDP per capita income of purposively selected countries as depicted in table 2.3. This table also shows the HIV/AIDS prevalence rates and ARVs coverage of the selected countries.
Table 2.3

_GDP per Capita, HIV/AIDS Prevalence, and ARV Coverage_

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>U.S.</td>
<td>49,855</td>
<td>0.6</td>
<td>N/A</td>
</tr>
<tr>
<td>U.K.</td>
<td>38,927</td>
<td>0.3</td>
<td>N/A</td>
</tr>
<tr>
<td>Turkey</td>
<td>10,605</td>
<td>0.1</td>
<td>N/A</td>
</tr>
<tr>
<td>Japan</td>
<td>43,118</td>
<td>0.1</td>
<td>N/A</td>
</tr>
<tr>
<td>Brazil</td>
<td>12,576</td>
<td>0.3</td>
<td>46</td>
</tr>
<tr>
<td>South Africa</td>
<td>7,831</td>
<td>17.3</td>
<td>69</td>
</tr>
<tr>
<td>Gambia</td>
<td>518</td>
<td>1.3</td>
<td>31</td>
</tr>
</tbody>
</table>

Source: Adapted from World Bank and AVERT (2014).

As observable from the table above, South Africa, which is considered an economic powerhouse in Sub-Saharan Africa recorded a GDP per capita of US$7,831 in 2011. But it is also considered to have one of the highest HIV/AIDS prevalence rates around the world. Comparing its GDP per capita with all the selected countries, it recorded the lowest GDP in the exception of the Gambia, which is another Sub-Saharan African country. If we are to consider the capacity of individuals to pay for their own ARVs, the data implies that, in the exception of South Africa and the Gambia, people in
all the selected countries have more financial resources to pay for their own drugs. For countries such as the U.S., the U.K., Turkey, and Japan, it is presumed that availability and accessibility to ARVs are not matters of life and death, as they are in developing countries. With a GDP per capita of US$49,855 in the U.S. in 2011, it is assumed that a PLWHA in the U.S. is financially capable to provide his or her own drug than a PLWHA in the Gambia, where the GDP per capita was only US$518 in 2011 (World Bank, 2014).

Another observation about these statistics is that the countries that are well-resourced are also the countries that recorded the lowest incidents of the disease. For instance, Japan with a GDP per capita of US$43,118 recorded only 0.10 percent HIV/AIDS prevalence rates of the disease among its adult population in 2011, as compared with the Gambia which recorded 1.3 prevalence rate of the disease in 2011 and a GDP per capita of US$518 in the same year (AVERT, 2014; World Bank, 2014).

These country-level differences are observable in the regional statistics as well. With the lowest GDP per capita among the world’s regions, Sub-Saharan Africa also recorded the highest HIV/AIDS prevalence rates in 2011. In 2011, North America’s regional GDP per capita was US$32,077, Latin America US$9,024, and Africa US$1,576. With regard to HIV/AIDS prevalence rates, while Latin America and North America recorded 0.4 and 0.6 percent HIV/AIDS prevalence rates respectively, Sub-Saharan Africa recorded 4.9 percent prevalence rate of the disease among its population. So, even though ARVs coverage in Sub-Saharan Africa was 56 percent, second only to Latin America with 68 percent, the high prevalence rates of the disease in Sub-Saharan Africa implied that, 11 million PLWHAs who were eligible for ARVs did not receive the
lifesaving drugs, a figure many times higher than Latin America’s 850,000 PLWHAs who did not receive the drugs (AVERT, 2014; World Bank, 2014, UNAIDS, 2012).

The above representation of HIV/AIDS and ARV-related issues in Sub-Saharan Africa makes it not only a medical issue but an economic one as well. This made the UNAIDS to declare the pandemic in Sub-Saharan Africa a human development disaster due to its socio-economic toll on the region (UNAIDS, 2004).

Turning to the actual cost of ARVs, in 2000, the cost of a year’s first-line supply of ARVs treatment was approximately $10,000 or more per person (Kapczynski, 2004). Considering the low income status of many Sub-Saharan African countries and their people, the cost of ARVs made it impossible for many PLWHAs in the Sub-region to acquire them. As a result, in 2005, ARVs coverage for PLWHAs in Sub-Saharan ranged from one percent in Central African Republic to 50 percent in Botswana, with eight percent average across Sub-Saharan Africa (McGough, Stevens, & Zenilman, 2005).

Currently, ARV treatment is estimated to be about US$100 per person annually. This is a significant reduction in the price of ARVs as compared with what pertained in the 1990s and the early 2000s. But, even with this significant reduction in the price of ARVs, the shortfall in supply of ARVs in Sub-Saharan Africa is still severe. As stated earlier, even with 56 percent ARVs coverage, which amounted to 6.2 million PLWHAs receiving ARVs, 11 million is a significant number of PLWHAs who could not access the drugs. It must be noted that even of the 56 percent who accessed the drugs in 2011, 80 percent of the ARVs they received were imported with the majority of the drugs paid for through external financial aid (UNAIDS, 2012, July 6).
While the reasons for the inability of a large number of PLWHAs in Sub-Saharan Africa to access ARVs is beyond the focus of this research, some cursory remarks will suffice. Writing in 2006, Fobil and Soyiri pointed out specifically in reference to Ghana, that there is a significant gap between political will and political commitment in the fight against HIV/AIDS. This lack of political commitment reflected in the manner in which the central government tackled issues regarding HIV/AIDS. In Ghana, the Ghana AIDS Commission (GAC) functioned directly under the office of the president, as a super-ministerial and multi-sectoral body under the chairmanship of the president. This made it possible for the central government to focus on policies relating to the disease, but funding was left entirely with foreign donors, with about 80 percent of funding from donors. With high levels of donor support in the provision of ARVs, a scenario similar to Ghana’s can be speculated in the various Sub-Saharan African countries. Furthermore, it will not be out of place to speculate that, with about 40 percent of the Sub-Saharan population living on US$1 per day, PLWHAs, who are doubly vulnerable by their health condition, might find it challenging to pay for these drugs on sustainable basis.

As a result of the initial high cost of ARVs, which led to their unavailability and inaccessibility in Sub-Saharan Africa and many developing countries, four important development paradigms have emerged concerning ARVs. These are the postcolonial, the avant-garde, the activist, and the humanitarian paradigms.

2.3.2. The postcolonial paradigm and ARVs. With the postcolonial paradigm, the former president of South Africa, Thabo Mbeki, may be considered as one of its most
prominent advocates. For advocates within this development persuasion, the search for therapy for HIV/AIDS and its care and management are viewed from a critical perspective. To these advocates, HIV/AIDS and ARV-related matters have fallen prey to the neoliberal racist ideology, whereby, not only have ARVs become a tool for the exploitation of Black Africans, but the conceptualization of the disease itself is also seen to be based on racist ideologies. To this end, ARVs are simply being used as another tool to subjugate the health needs of the subaltern. It is, thus, another phase of the imperial expansion—slavery, colonialism, and neocolonialism (Sastry & Dutta, 2012).

The notion that ARVs have become a tool for the exploitation and domination of Black Africans derived from Trade-Related Aspects of Intellectual Property Rights (TRIPS). TRIP protected ARVs through patents. In the view of the postcolonial paradigm, TRIPS regulations are “attempts by the mainly American pharmaceutical giants to limit access to the drugs and to ration resources based on an ability to pay” (Flint, 2011, p. 146). This is in order to turn Black Africans living with HIV/AIDS in Sub-Saharan Africa and other developing countries into cash cows for Western pharmaceuticals.

In South Africa, with the election of Thabo Mbeki to the Presidency in 1999, HIV denialism and neo-liberal treatment denialism were to receive unprecedented prominence. Mbeki treaded on the historical rhetoric of colonialism and positioned the HIV/AIDS issue as another attempt to make Black Africans feel inferior as germ carriers. Mbeki alluded that “AIDS has fallen victim to the same process that has bedeviled health under capitalism, where medical facts are often over-dramatized for the sake of making huge
profits for the drug industry” (Kenyon, 2008, p. 30). Mbeki made this statement in apparent reference to Western pharmaceuticals.

Mbeki then proceeded to construct a socio-economic rhetoric of HIV/AIDS in line with his African Renaissance philosophy to underscore his denialism. He asserted that, “clearly there is such a thing as acquired immune deficiency. The question you have to ask is: what produces this deficiency? Endemic poverty, the impact of nutrition, contaminated water, all of these things, will result in immune deficiency” (Kenyon, 2008, p. 30). He went further to racialize the disease by saying that “the HIV/AIDS thesis… is informed by deeply entrenched and centuries-old white racist beliefs and concepts about Africans and Black people… and AIDS would disappear instantaneously if all HIV testing was outlawed and the use of antiretroviral drugs was terminated” (Kenyon, 2008, p. 31).

Expectedly, Mbeki’s biological denial of the link between HIV and AIDS fed into limiting the provision of ARVs for PLWHAs in South Africa with devastating consequences. It is estimated that in 2005 alone, 320,000 PLWHAs died of AIDS, almost 900 deaths per day because of government’s refusal to implement ARV programs (Chigwedere, Seage, Gruskin, Lee, & Essex, 2008). Treatment activists and mainstream scientists were denounced as agents of “omnipotent apparatus” working for the benefit of the multinational drug companies. On this note, Mbeki adopted austere fiscal measures to limit funding for HIV/AIDS-related spending. Mbeki implored his cabinet to keep budgetary allocations for HIV/AIDS-related spending to 2.2% of total health spending (Business Day, 2001, September 10). There is consensus among scholars that Mbekis’s
approach was to protect the national budget from HIV-treatment cost (Natrass, 2004; Schneider & Fassin 2003).

In a recent critical essay, Sastry and Dutta (2012) reechoed a strand of the postcolonial paradigm when the duo launched a blistering attack on the conceptualization of the operations of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). In their estimation, “PEPFAR engages with the broader neoliberal doxa of privatization by opening disease prevention, management, and service delivery to the logics of the market…thereby using the Sub-Saharan Africa disease pandemic as a site of consumerism” (p. 34). To these scholars, PEPFAR partnerships with local beneficiaries in Sub-Saharan Africa and other poor communities were asymmetrical to the advantage of PEPFAR benefactors, since the locus of decision-making, agenda setting, and program evaluation was at the behest of PEPFAR benefactors.

In an interview with 130 organizational representatives involved in HIV/AIDS work across three countries—Kenya, Malawi, and Zambia—Edstrom and MacGregor (2010) confirmed similar assertions that donor agencies drive the HIV/AIDS agenda through funding. The findings revealed that donors could refuse to disburse funds if they do not agree with particular emphasis of programs. There is also the recognition for inefficiency on the part of government bodies and community stakeholders, the reason why some donors might control the local agenda of the local organizations.

Wax (2006) reported that in 2006 alone, American-based conglomerates Pfizer, Johnson & Johnson, Merck & Co, Eli Lilly & Company, Proctor & Gamble, and Bristol-Meyers Sqqibb and other top ten pharmaceutical declared $40 billion in profits in an
international market worth 640 billion. The profit margins of these companies must have provided reason for the advocates of the postcolonial paradigm to conclude that, with ARVs, profits override any other considerations. The pharmaceutical companies have, therefore, been a target for advocates of the postcolonial paradigm who think “Big Pharma” prioritizes profit over human life (Flint, 2011, p. 147).

2.3.3. The avant-garde paradigm. This development paradigm is made up of and led by the pharmaceutical companies. Their approach to the issue of HIV/AIDS and ARVs are rooted in the idea that research and development (R&D) drives technological innovation; a process which is capital intensive, requiring financial resources, and takes not less than 15 years for products to reach the market (PhaRMA, 2007). Specifically, an average of U.S. $802 million is required to carry out a successful R&D project in the pharmaceutical industry (Leoni, 2010). Therefore, industry practices warrant that products emanating from these processes are patented. This way, the manufacturers of drugs will recoup their investment before generic licenses are issued for other companies to begin to produce the drug. According to Flint (2011), “without the possibility [for pharmaceutical companies] to recoup their investment, innovation will cease and prospects for improved medicines and vaccine or cure for HIV/AIDS will come to nothing.” (Flint, 2011, p. 16).

The Uruguay Round Agreement Act, which became effective, January 1, 1995 provided drug manufacturers, including those in the manufacturing/production of ARVs, the necessary protections of patent over their intellectual properties. These patents
generally last for 20 years, with the possibilities of a one-time extension of 5 years (Leoni, 2010). Once the protection period elapses, “the patented product turns into a generic drug. There is thus no barrier to entry on this market, and in theory market forces tend to drive prices down to the so-called marginal cost,” (p. 117).

As to be expected, this situation was a recipe for monopoly, which is unfavorable from the consumers’ perspective (Leoni, 2010). In the specific case of HIV/AIDS, this situation resulted in astronomical market prices for ARVs in developed countries, particularly in the U.S. This cost has led to the asymmetrical availability of ARVs reflecting the developed-developing world dichotomies.

So, we can observe a clear clash of perspectives between the avant-garde paradigm and the postcolonial paradigm. While on its face value the unavailability of ARVs in developing countries as a result of patents might have suggested a deliberate attempt to limit the availability of ARVs to keep prices high, Leoni (2010) implicates the pricing of patented pharmaceutical products to wider marketing principles. The assumption is, therefore, ARVs are not special cases targeted at poor people to extract the maximum profit from them or to sign their death warrants in case they were unable to afford the drugs.

Leoni (2010) explained that pricing of drugs, including ARVs, are guided by wider marketing principles which dovetail with the need to drive investment into the sector and to support R&D. Here the patent holder, or the monopolist, is allowed to set different prices for different groups of individuals in order to match the highest
willingness to pay within a time frame. This is a common practice known as price discrimination.

Two pricing principles are noted to operate under price discrimination: price penetration and price skimming. In the case of the latter, patent owners sets a very high price at the beginning of commercialization and allow the prices to decrease over a period of time. Leoni (2010) pointed out that this practice is particularly effective with products whose use cannot be postponed. A good example is ARVs. The absence of ARVs implies sickness and subsequent death for PLWHAs. For this reason, the need for PLWHAs to buy ARVs as an immediate necessity offsets the high price and, thus, a deterrent against postponement of consumption. In this regard, PLWHAs will be willing to pay a high price to have access to the needed ARVs as soon as they can.

In the case of the former, the patent holder sets the price lower and increases it with time. The assumption here is that the initial lower price is expected to trigger consumer demand for the product. This is to help establish loyalty through the observation of benefits derived from the new product compared to the previous product or other products. Once loyalty is established, the patent holder then begins to increase the price of the product to reflect competitive market prices (Leoni, 2010).

Observing the price of ARVs on the market for the last two decades, the marketing of ARVs tend to lend themselves to the price skimming approach. The price of ARVs was very high from the time they appeared on the market and then decreased over time. Leoni (2010) pointed out that the skimming period typically last for nine years, after which price stabilization occurs.
While the patent and pricing process for ARVs may look overly commercial or profit-oriented, Leoni (2010) explained that there are some flexible arrangements built into the protection of ARVs as intellectual properties under patent which allow member countries of the WTO to grant generic licenses in emergencies. This is in line with the Doha Ministerial Declaration on Trade-Related Aspects Intellectual Property Rights (TRIPS) on health. Under the Doha Ministerial declaration, “least-developed countries that do not have production or development capacity may produce the generic copies for domestic use but not for export” (Leoni, 2010, p. 120). Countries are eligible by this declaration to declare their own emergencies or public health crisis under which the generic production is to take place (WTO, 2001). The effect of this declaration was very significant. Leoni (2010) and Flint (2011), writing differently, concurred that the mass production of generic has resulted in an incredible fall in the price of ARVs from approximately $10,000 a year in the mid-1990s to just over $100 in 2007. What is even more instructive is the time-range within which this dramatic fall in price occurred. According to Leoni (2010), the cost of treating one HIV patient per day which was $30 in 1998 decreased to $1 in 2002, a year after the Doha declaration was passed.

2.3.4 The activist paradigm. From a paradigmatic point of view, advocates of the activist paradigm were the ones who compelled the WTO to insert the flexibility clause into the patenting of ARVs. Arguably, the flexibility provision was a matter of necessity, triggered by the actions of AIDS activists in conjunction with the government of Brazil. Biehl (2007) reported that AIDS activists who migrated into state institutions in
Brazil became part of the policymaking process and helped changed the course of history with regard to ARVs in Brazil.

These activists, Biehl (2007) pointed out, argued that “the price pharmaceutical companies had set for ARVs and the protection they received from intellectual property right laws and the WTO had artificially put these drugs out of the reach of the global poor.” Based on this position, activist then framed the demand for access to ARVs as a human right issue in accordance with the country’s constitutional right to health (p. 1087). This allowed Brazil to legislate, in 1997, a patent law that states that “Brazil reserved the right to authorize a local company to produce ARVs without the permission of the patent holder, regardless of the pharmaceutical company’s country of origin” (Council on Hemispheric Affairs, 2013, July 30).

From the Brazilian action, two important observations can be made. First, it forced the pharmaceutical companies and their governments to a settlement, including the Doha Ministerial agreement, which made it possible for poor countries to produce their own generic ARVs. As a corollary, it also forced the price of ARVs down significantly as noted earlier on.

In spite of this development, in the exception of South Africa, all Sub-Saharan African countries lacked the capacity to produce their own generic ARVs. Even in the case of South Africa, due to Mbeki’s denialist stance on scientific link between HIV and AIDS and for political correctness, the motivation to produce the local generic was not explored.
By 2003, it was obvious that in spite of the relaxation in patent licensing, Sub-Saharan African countries were still experiencing very high levels of unavailability of ARVs. Even in 2005, by which time some International and local nonprofits came on-stream to support efforts at making ARVs available in Sub-Saharan Africa, the average coverage for ARVs was eight percent as stated earlier. By 2003, Brazil had declared free universal access to ARVs and had been awarded the Gates award for Global Health due to its effective management of its ARV program (Biehl, 2007).

2.3.5. The humanitarian paradigm. This paradigm encompasses all forms of humanitarian efforts geared towards the provision of ARVs and other forms of care to PLWHAs in resource-poor countries. These efforts include the humanitarian activities of the nonprofit sector, state-led donor interventions, and private donations. The Institute of Medicine (IOM) (2011) pointed out that, with the turn of the 21st century, it became morally intolerable to watch millions of PLWHAs die in the developing world for lack of ARVs, and global attitude towards the disease began to shift in favor of the poor. The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), launched in 2003, was the largest humanitarian effort in that direction in support of initiatives to fight HIV/AIDS. With a financial portfolio of US$15 billion from 2003 to 2008, and additional funding of US$48 billion from 2009 to 2013, it was a stich in time that saved nine, as more PLWHAs around the world were placed on ARVs as a result of this initiative.

According to the IOM (2011), the human impacts of the U.S. investments in HIV/AIDS have been profound in Sub-Saharan Africa. At the end of 2003, when
PEPFAR was announced, there were about 100,000 people, or two percent of those in need of ARVs, who were on it. However, by September 2009, more than 2.4 million people, about 20 percent of those in need of ARVs, were receiving the life-saving ARVs because of PEPFAR support. In 2009, 6.4 million pregnant women in Africa were reported to have received antenatal HIV counseling and testing, and 504,800 received ARV prophylaxis. In the same year, PEPFAR provided direct HIV/AIDS and tuberculosis support to 6.9 million PLWHAs and supported 3.5 million orphans and vulnerable children in Africa (PEPFAR, 2010).

Other initiatives within the humanitarian paradigm include the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Clinton Foundation, Bill and Melinda Gates Foundation, and WHO’s ‘3-by-5’ initiative, among other international interventions. The Catholic Church also provides one-quarter of all treatment and care to PLWHAs around the world (UNAIDS, 2013).

The Gambia was one of the first Sub-Saharan African countries to have benefitted from the World Bank’s Multi-Country HIV/AIDS Program (MAP). The country accessed HIV/AIDS Rapid Response Project Funding (HARRP), which made US$15 million available to the Gambia effective July 31, 2001. The country also benefited from PEPFAR, the Global Fund, and other HIV/AIDS-related donor initiatives which rolled out ARV treatment programs in that country and in many Sub-Saharan African countries (Cassidy & Leach, 2009). In its current allocations, the Global Fund has allocated $20.1 million to the Gambia for the period 2014-2016 (Global Fund, 2015). In spite of all these
laudable efforts, the shortfall in the supply of ARVs in Sub-Saharan Africa is still significant.

The IOM (2011) noted that, from both government and private sources, the U.S. remains the lead contributor in support of the fight against HIV/AIDS around the world. Beyond the direct financial resources provided for ARVs, the IOM is of the view that these bilateral and multilateral forms of support laid an enduring foundation for long-term partnerships between beneficiary countries, their individuals, public health researchers, political scientist, development economists, and some private organizations. In the words of the IOM (2011), “PEPFAR funding and programming have engaged US researchers, public health experts…and others with counterparts in African governments and communities…these interactions have impacts beyond HIV/AIDS: they build trust, strengthen a sense of shared purpose and responsibility” (p. 48). The expectation was that Sub-Saharan African governments will begin to take increasing responsibility of these programs in the long-run.

2.3.6. The future of ARVs and its economic impacts. This idea of shared responsibility cannot be a misplaced projection. The U.S. and other donor support organizations and states cannot be regarded as a source of an endless flow of unlimited resources to Sub-Saharan African governments and their PLWHAs. It is precisely for this reason that there is the need to cultivate relationships that will gradually shift responsibilities to recipient countries. But this is the very action that is being questioned by Sastry and Dutta (2012). They questioned the nature of the partnerships, the mode of
agenda setting, the dynamics of power within these partnerships, etc. Sastry and Dutta (2012) are of the view that these relationships are asymmetrical to the advantage of the U.S. and other international donor organizations, a position that highlights the suspicions and doubts that have always characterized the perception of developing countries regarding the actions, inactions, and the intentions of the U.S. and other international development partners.

The IOM (2011) projections are that “the burden of HIV/AIDS in Africa will continue to grow as a result of continued high incidence rates” (p. 43). This is expected to place further burden on available healthcare resources on the continent, as affected countries will be expected someday to come to shoulder their own burden of the disease. Currently, however, there is no evidence to suggest that governments in Sub-Saharan, with the exception of South Africa and Botswana, are taking the bold step/initiative to take charge of financial responsibilities that will make ARVs available to their citizens on a large scale. For most countries in Sub-Saharan Africa, external resources remain significant proportion of total health expenditure (Global Fund, 2010d).

The need for new ARVs for those who may become resistant to the old ARVs and the need to rollout provisions to the newly-infected are also important considerations for issues of sustainability through shared responsibility. Nevertheless, this is what Sastry and Dutta (2012) see as an opportunity for the West to reify its neoliberal ideology over the management of HIV/AIDS. To wit, the duo must have been saying: this is an example of relationship penetration (a situation whereby a friendly West offers humanitarian assistance through ARVs, get PLWHAs hooked unto its prescriptions, create
consumption habits, and then withdraw the support, leaving the recipients to now find new ways to feed their newly acquired habits). Replacing price with relation conveys similar ideas with regard to price penetration.

According to Flint (2011), there is evidence to suggest that ARVs manufacturing “companies are increasingly leaving the development of HIV/AIDS vaccine to bodies sponsored by charitable organizations like Bill and Melinda Gate Foundation,” as there are comparatively good profits to make elsewhere (p. 146). The question that confronts Sub-Saharan Africa is, as private pharmaceuticals shift their resources elsewhere, what would happen in the event of funding from most of the private, nonprofit, and foreign governments drying up? This question is very relevant since African countries are not making the effort to support their own programs financially.

This sub-section is summed up with the economic cost of HIV/AIDS to Sub-Saharan Africa countries. For a disease that attacks the most productive age group of any population, its economic implications must be far-reaching (Leoni, 2012). According to Hecht (2008), AIDS affects a country’s fundamental economic and social development performance. This situation places the Millennium Development Goals (MDGs) of many Sub-Saharan African countries in jeopardy.

Aside the direct loss of household revenues because of high medical costs and the inability to work, the financial cost to a country is said to run into millions of dollars. It is estimated that the economic cost of HIV/AIDS lowers national gross domestic product (GDP) growth by up to 1.5 percent annually (Hecht, 2008). The idea here is not to provide statistical evidence for each country, but to engender some understanding of what
the impact is for a typical Sub-Saharan African country. In this regard, Hecht (2008), in analyzing 80 developing countries, predicts that in a “typical African country with 20 percent HIV prevalence, the rate of GDP growth would be 2.6 percent lower each year than it would have been in the absence of HIV/AIDS. At the end of a 20-year period, GDP would be 67 percent lower than it would have been in the absence of HIV/AIDS” (p. 44).

With the HIV/AIDS prevalence in Lesotho at 22.9 percent, Botswana 21.9 percent, and Swaziland 27.4 percent, all above the 20 percent mark in 2013 (UNAIDS, 2014), HIV/AIDS must have set the economies of these countries on the trajectory predicted by Hecht (2008). While South Africa, Zimbabwe, and many others are below the 20 percent mark, that does not exempt them from this dire economic predictions. Even countries with just about one percent infection rate cannot escape the economic implications of the disease.

Whereas the expenditure of the various Sub-Saharan African countries on ARVs is not readily available, the expenditure of a few which are available points to a very high expenditure on ARVs. For example, in Botswana, the government spends US$1 million on ARVs per month in spite of many donor interventions (Togarasei, p. 433). South Africa, with the highest ARV rollout in the world, invests US$ 1 billion from its own domestic resources annually in running HIV/AIDS programs (Avert, 2014, August 8).

As observable from the datasets on the cost of ARVs and the GDP per capita of selected countries, it is evident that HIV/AIDS is not only a medical issue but an economic one as well. The most financial resourceful individuals and nations will
continue to reduce the onslaught of the disease on themselves and their nations, but for the poor and the most vulnerable HIV/AIDS would continue to wreck unmitigated havoc. The economic bottom-line of the disease will also be viewed differently by the different persuasions and interest that come to its dialogue as observed in the discussions.

In this chapter, the historical, religious, economic, and geographical context in which Jammeh’s rhetoric was heard is examined. This chapter provides the terms of reference from which the claims made by Jammeh will be examined.
Chapter 3: Research Design and Methodology

The purpose of this research is to distill the values embedded in Jammeh’s proclamations—knowledge of the origin of HIV/AIDS, a cure for the disease, and special knowledge of economic issues surrounding the disease—toward the building of systematic paradigms, models, and theories that explicates the values embedded in Jammeh’s claims and the motives behind his claims. This objective is stated succinctly as, “What are the rhetorical underpinnings or values embedded in Jammeh’s claims, how were they articulated, and with what motives?”

Scholars who adopt the Burkean approach construct a contextual background to orient readers to the events that envelope the phenomenon of interest of their study (see examples in Birdsell, 1990; Ling, Lu, 2012; 1989; Madsen, 1993; Meisenbach, et al. 2008; Meister & Japp, 1998; Westerfelhause & Ciekewy, 1998, etc.). According to Brummet (1984), “it is the task of the Burkean critic to identify the modes of discourse enjoying currency in a society to link discourse to the real situation for which it is symbolic equipment” (p. 161). To understand, describe, and interpret Jammeh’s claims required an understanding of the wider discourse in which the disease and its ancillary issues are enmeshed. Thus, the wider discourse concerning the origin of HIV/AIDS, its therapeutic landscape, and the economic issues surrounding it were discussed. My Burkean analysis takes places within these discourses.

I now discuss the theoretical and methodological frameworks within which my research unfolded. Specifically, I employed Burke’s terministic screens and the dramatistic pentad in my investigation and analysis. I chose Kenneth Burke’s approach
not only because it is a useful framework generally, but because of its cross-cultural applicability for understanding a speaker’s motives.

3.1. Justifications for Burkean Approach

Rhetorical scholarship views discourse as a mode of persuasion that can be described, analyzed, and interpreted to have a better appreciation for its place and function in society. Burke (1950), in *A Rhetoric of Motives*, posited that “wherever there is persuasion, there is rhetoric. And wherever there is ‘meaning’ there is persuasion” (p. 172). Considering the artifacts under study in light of Burke’s assertion, I found them embedded with meaningful words by a human agent, Jammeh, who employed certain words, phrases, and sentences to induce certain actions in other human agents—PLWHAs and the uninfected. By these inducements, Jammeh created certain social realities, made strategic use of symbols, communicated his values, desires, motives, and created a drama.

From a Burkean point of view, the dramas we create and the words we use do not occur in a vacuum; they operate within a language system. It is through language that we talk about things, name them, and communicate with others about what we think we know (Gusfiled, 1989). Thus, to “speak or write or to program,” stated Carey (1989), “is not merely to pick a tool or to exercise a skill. It is to constitute a world, to bring a world into existence, and to simultaneously constitute a self” (p. 31). What is observable from the above assertions is that, by saying the things he said, Jammeh had consciously used
language to construct some forms of reality in reaction to a specific situation in anticipation that his intended audience would respond to this reality in specific ways.

To understand the symbols Jammeh employed, the values he communicated, and the motives behind his communication, I employed Kenneth Burke’s theoretical approach and methodological framework for this research. Burke’s terministic screen provided an appropriate approach for unravelling the artifacts of interest to this research due to its malleability to multiple or varied perspectives and cross-cultural sensitivities. Further, the dramatistic pentad provided complementary techniques for unraveling the values embedded in Jammeh’s claims, how those values were communicated, and with what motives. The pentadic ratio, which is uniquely applicable in directing attention to the philosophical values or worldviews that are embedded in an artifact, were also derived from the selected artifacts.

The applicability of Burke in cross-cultural situations is not in doubt. Scholars have successfully applied Burke’s theories, concepts, and approaches in analyzing various cross-cultural artifacts, lending credence to the applicability of the framework for this study. Meister and Japp (1998) employed the dramatistic pentad in unravelling the underlying motives of Agenda 21, a United Nations global document for environmental action, a document which coalesced the goals, desires, and objectives of the different cultures, nations, and societies around the world in a single working document. Howell (2012) also employed Burke’s dramatitism to map out the hierarchical structures within which the inherent tensions between corporate and local dramas concerning resources play out. Howell (2012) invoked images of inequality to illustrate the dramatic resistance
that characterized the World Trade Organization’s (WTO) ministerial conference of 1999. In this drama, Howell (2012) pitted the local against the corporate, with the local represented by Zapatista and the corporate represented by the North American Free Trade Agreement (NAFTA). These are both intercultural artifacts that have been distilled and analyzed using Burke (see also Wicker, 2003; Winkelman, 2008 for more on cross-cultural applications of the terministic screens).

Still on the cross-cultural front, in an attempt to unravel and interpret protracted family and communal conflicts among the Mijikenda people in Kenya, Westerfelhause and Ciekawy (1998) employed the Burkean concept of hierarchies to identify the antagonists and the agonistic settings in unravelling the intricate social, economic, and political undercurrents of Mijikenda conflict. Similarly, Ahmed (2009) employed the Burkean rhetorical identification as a concept in unravelling the language Bangladesh’s political leaders use as a symbolic means to reach the population in response to growing Islamic militancy. With this approach, Ahmed (2009) successfully deciphered who the enemies of the state were and how they were identified in the selected speeches of the Prime Minister Ahmed (2009) studied.

Lu (1998) also, in an effort to understand and interpret the underlying motives embedded in the 1996 Chinese best seller China can say no, distilled some representative anecdotes from the novel. Lu (1998) also employed the pentadic ratios to determine the underlying motives of the artifact (see also, Lu, 2012). In yet another cross-cultural application of Burke, Angel and Bates (2014) employed Burke’s cluster approach to distill the multiple interpretations listeners and contributors to Hora 20, a very popular
Columbian radio program, gave to the issue of corruption in Columbia. These applications of the various Burkean approaches prove that scholars from non-Western backgrounds as well as scholars from Western backgrounds have been successful using Burke to unravel cross-cultural artifacts.

Brummet (1984) also pointed out that there is nothing in Burke’s theories that disqualify them from being applied to all forms of mass media. In Brummet’s (1984) estimation, since Burke explored news reports, popular songs, and sermons, apart from his devotion to fiction and poetry, Burke’s theories are extensive enough for the analysis of any artifact, including Jammeh’s claims.

Borrowing from the metaphor of Anderson and Prelli (2001), the maps we employ in charting the verbal and the symbolic terrain determine our discoveries. The duo argued that “any projection system necessarily will distort some spatial parameter, such as shape, distance, or direction. Different projection systems produce different distortions and, thus, the maps produced will possess utility for some applications and not others” (p. 83). This assertion places a burden on the critic to be mindful of the choices he or she makes in determining the theoretical and methodological approaches in any critical exercise. It is for this reason that the terministic screens were carefully evaluated and selected for this research.

Even though other rhetorical devices—both within the Burkean tradition and the wider rhetorical discipline—could be equally applied in analyzing the selected artifacts, their focuses were incongruent with the goals of this research. For example, the Aristotelian concepts of ethos, pathos, and logos and the classical canons of invention,
arrangement, style, memory, and delivery have been used widely, but neither offers the necessary tools for mapping out the discourse of interest nor help in unravelling the philosophical dimensions of the artifacts under study in this research. The Aristotelian canons of rhetoric and their complementary concepts of ethos, pathos, and logos would potentially focus their attention on the character of the rhetor, his leading ideas, the nature of the proofs he offered, and the authenticity of what the rhetor uttered, but not a tool for mapping out the discourse in determining its terministic screen, motives, and its philosophical dimensions (Brock, et al., 1990).

Similarly, the fantasy theme approach tends to focus on drama within groups, or group dynamics, without any concerted focus on the rhetor and the rhetor’s values (Borman, 1990). And, since the values and the motives of the rhetor are the interest of this study, the terministic screens and the dramatistic pentad are more appropriate for this research. The following subsections of this chapter discussed the specific Burkean approach and technique and how they were applied to artifacts selected for this research.

3.2. The Terministic Screens

The Burkean terministic approach (1966) and the dramatistic pentad were employed in this research conjointly. As global issues, HIV/AIDS and ARVs have lent themselves to varied constructions, interpretations and understanding. For example, the construction, interpretation, and understanding of the disease and its healing practices among different communities and cultures tend to vary in specific ways. While from an Islamic perspective, there is a cure for the disease (al-Jawziyya, 1998; Tocco, 2010),
biomedicine emphasizes the incurability of the disease (Epstein, 2007; Flint, 2011; Leoni 2010; U.N. Resident Coordinator’s Office, 2007, February 9). These variations in perspectives required that any analytic tool chosen for this research be culturally sensitive or accommodating of the varied perspectives involved. To do this, I turned to the Burkean terministic approach for two reasons: its malleability to perspectives and its applicability to cross-cultural artifacts.

In their own rights, Burke’s terministic screens are concerned with perspectives and positions with regard to human understanding and interpretations (Burke, 1966). In this case, the potentials of terministic screens to recognize differences in meaning and understanding is not only applicable to rhetorical artifacts within particular cultures (Anderson & Prelli, 2009; Palczewski, 2001; Stob, 2008), but it is also oriented toward unraveling cross-cultural rhetorical artifacts (Wicker, 2003; Winkelman, 2008). Due to their relativistic orientation, the terministic screens spurn the centrality of one truth in the understanding of any phenomenon (Burke, 1966). The terministic screens, thus, provide fitting lenses to unravelling the social, political, economic, and ideological perspectives, paradigms, and cultural nuances embedded in rhetorical artifacts both within and across cultures. The foregoing applications of the terministic screens to the understanding and interpretation of various rhetorical artifacts by critics both within and across cultures provide precedent from which this research drew some understanding (Anderson & Prelli, 2009; Palczewski, 2001; Stob, 2008; Wicker, 2003; Winkelman, 2008). The utility of terministic screens in multiple cultural settings underscores the interaction between
cultures, which accentuates the fact that knowledge produced in one culture can be useful to other cultures.

As a malleable approach to understanding varied perspectives, Burke (1966), in *Language as Symbolic Action*, argued that terministic screens provide lenses through which we perceive, understand, and interpret events, reality, or the world around us. Burke (1966) theorized that the language used to perceive and interpret the world is imbued with values and histories of a community. Thus, the critic can observe and ascertain the values of a community by examining its symbol or language system through the terministic approach (Burke, 1966). The point is that terministic screens explicate “the role of symbols in directing attention in certain directions rather than others” (Stob, 2008, p. 137). The terms we employ in describing the world, says Burke, help us to notice certain parts of our experience while being inattentive to others. To the extent that our terms cannot explicate the world in its totality, they must be a reflection of a fraction of the totality of the human experience. According to Burke (1966), “even if any given terminology is a reflection of reality, by its very nature as a terminology it must be a selection of reality; and to this extent it must function also as a deflection of reality” (p. 45).

The lessons from the above quote are that, as people who are products of culture, with varied interests and aspirations, our perceptions and desires are products of our cultural orientations and desires. It is for this reason that we are goaded through our symbolic orientations to notice the things that are of interest to us at the expense of the ones of no interest to us. For Stob (2008), it is these reflections, selections, and
deflections that allow us to cope with the world. To this end, many of the observations we make are simply products of the particular terminologies we invoke (Burke, 1966).

Since the terminologies we employ invoke particular realities rather than others, Burkean scholars agree that terministic screens are socially constructed (Chesebro, 1988; Wess 1996). Jay (1988) pointed out that Burke’s theory of language recognizes that language is inherently a metaphorical construct rather than a reflection of knowledge. Comparing Jay (1988) with Schiappa (1993), there is an underlying concurrence on the social constructionist view of Burke. This is highlighted when Schiappa (1993), in explicating the terministic screens, pointed out that:

Our understanding is social in the sense that our concepts are human-made and are part of a shared language. Our understanding is constructed in the sense that our claims, interpretations, and orientations constitute conceptual fabrics that weave together contingent sets of beliefs and practices. (p. 419)

For Ciesielski (1999), terministic screens define “base reality into truth-systems unique to each respective discourse community and imply a neo-pragmatic, social constructionist pattern for the making of meaning” (p. 246). Breaking all the foregoing down with a construction metaphor, Stob (2008) likened terministic screens to symbols and terms which constitute language, just as bricks and mortar constitute a building. According to Stob (2008), “we employ symbols that construct our social realities, similar to the way a contractor employs materials [bricks and mortar] and labor that construct a house” (p. 131).
From the above assertions about terministic screens, multiple inferences can be drawn. Some of these inferences are the notion that terministic screens are social constructions, with the possibilities for deconstruction (Ciesielski, 1999); they are culturally situated as meaning-making devices through shared language; and through meaning-making and the shared nature of language, they have intersubjective and subjective potentials (Schiappa, 1993). Other inferences about terministic screens are that they are embedded with flashpoints, where transformations are possible, but might be oblivious to those who share in their internal dynamics (Westerfelhaus & Ciekawy, 1998); and their heuristic proclivity are filled with ambiguities with potentials for both ethical and unethical communication (Jay 1988).

As social constructions, Palczewski (2001) argued that terministic screens are at the contours of any language community, serving as fulcrum by which new meanings, realities, and social consciousness are born or relegated. Palczewski (2001) referred to this as definitional shifts, which normally occur through terministic catharsis. Palczewski (2001) claimed that it is through these definitional shifts that new frames of meaning are created and old ones modified at both the micro- and the macro-levels. The terministic catharsis can be viewed as the occasional fissures that may open up in society through conflicts, negotiations, and other forms of symbolic interaction. These ideas resonate with Cox (1981) and Schiappa (1993) who both asserted that definitional changes are part of social interaction. For Cox (1981), “actors’ definition of the situation emerges from symbolic interaction with their environment, and these definitions function in identifiable ways as context-specific rules for actors’ judgments and actions” (p. 197). And, through
these symbolic interactions, Schiappa (1993) argued that definitional changes occur through association and disassociation.

In a detailed analysis of what Palczewski (2001) described as the third force in the pornography debate, Palczewski (2001) illustrated how a definitional shift occurs. Using the articles of Andrea Dworkin, *Men possessing women*, and Catherine Mackinnon, *The sexual harassment of women*, Palczewski (2001) contrasted and compared the discourse of these artifacts with the discourse within the historical epoch in which these women authored their articles. Palczewski (2001) captured the prevailing terministic screens in binaries or what Palczewski (2001) termed the pull-and-push contest between anti-ordinance advocates of pornography and the pro-ordinance campaigners.

It is within this definitional push-and-pull context that Dworkin and Mackinnon emerged to position a new definitional layer that considered the act of pornography as a representative anecdote of a larger system of sexism. Dworkin and Mackinnon constructed the issue of pornography differently from the existing understanding of pornography; they constructed it as a social text via which sex itself was constructed. Palczewski (2001) argued that, even though Dworkin and Mackinnon tried to change the legal definition of pornography in the U.S., their redefinition of the issue was rejected by the U.S. Supreme Court. Nevertheless, their redefinition of pornography entered the vocabulary of the U.S public. This redefinition extended the available terministic screens in how pornography is discussed even at the institutional level. This is in accord with Burke’s (1966) notion that “any nomenclature necessarily directs the attention into some channels rather than others” (p. 45).
This case illustrates that terministic screens can be malleable to definitional resistant, can incorporate new definitions where none exist, or can offer opportunities for the clarification of meanings and definitions. This case does not only support the social constructionist and deconstruction potentials within any given terministic screen, but it also underscores perspectival capacities of terministic screens.

Viewing Westerfelhaus and Ciekawy (1998) in light of realities of terministic screens, there is evidence of terministic screens in this study even though the scholars did not state that explicitly. Using Burke’s hierarchical and victimage approaches conjointly, Westerfelhaus and Ciekawy (1998) tracked the family and societal conflicts that had engulfed the people of Mijikenda in Kenya at the turn of the nineteenth century. Their research revealed that the old socio-political and economic order of Mijikenda, which bestowed authority on the elders of the Mijikenda community, through patriarchy and gerontocracy, were in conflict with the British colonial apparatus. The colonial hierarchy began to influence Mijikenda in the 1880s, disrupting its traditional order. Westerfelhaus and Ciekawy (1998) unraveled significant changes within the Mijikenda community—urbanization, introduction of wage labor, centralization of political power, and the development of market economy—which synergetically had eroded the powers of the traditional authority. But as the elders of the community and the younger generation struggled to cope with the changes imposed on them by the new order, a clash erupted between the two groups. Evidently, the Mijikenda community was at a flashpoint. The old terministic screens or terminologies of Mijikenda were inadequate to capture the changes occurring within the community brought about by the colonial experience. To
this end, the youth of Mijikenda, on the one hand, began to view their elders as impediments to their aspirations and accused them of witchcraft; while on the other hand, the elders perceived the youth as departing from the communal ways of life and accused them of insubordination.

Given that the existing nomenclature among the Mijikenda was limited in its attention to the new realities that had engulfed their community, they must have failed to capture the new realities which could only be described by new terminologies. In this regard, the resistance to redefinition, as in Palczweski’s (2001) assertion, found a place in victimage and scapegoating of the elders as witches. Sarangi (2007) pointed out that “given the complex inter-relationship between language and context, sometimes what may be visible is not easily interpretable, because the phenomenon can hide more than it can reveal” (p. 569). Westerfelhaus and Ciekawy (1998) were, therefore, at the flashpoint at the contours of the Mijikenda language community, fashioning out new definitions for the nomenclature of the terministic screens of the Mijikenda community. The emergent terminology can be deemed as what the witchcraft reality deflected in its explication of the transformations occurring within the community due to its own deterministic nature (Sarangi, 2007).

While the above studies posit terministic screens as meaning tracking devices, Prelli and Winters (2001) suggested that terministic screens can also be employed as strategic devices for coalition building, especially after tracking the nomenclature of the varying viewpoints among, or between, competing positions. Prelli and Winters (2001) pointed out that the critic, orator, or policymaker can employ terministic screens in
exploring where political coalitions are possible. After mapping out the fundamental assumptions and philosophical undergirds of the various environmental groups operating within the U.S. public sphere, Prelli and Winters (2001) identified where some of the underlying principles of the various groups overlapped, where the values were diametrically opposed, and where there could be revisions in the philosophy of the groups for the building of alliances among some of the groups. Based on the foregoing, Prelli and Winters (2001) identified some convergence of ideas between the Green Evangelical group and the Democratic Pragmatists, which might not be apparent on face value. Prelli and Winters (2001) pointed out that “the Democratic Pragmatist acknowledges that [free] agents pursue multiple conceptions of public interest,” sharing a common ground with the Green Evangelicals who also acknowledge the plurality of motives sought through democratic forums and procedures, but with biblical foundations to their position (p. 237). The mappings of Prelli and Winters (2001) further revealed that the positions of the Green Evangelicals and the Democratic Pragmatists were diametrical opposed to the radical environmental discourse of Green Romanticism. Their mapping, through terministic screens, revealed that Green Romanticism rejects liberal democracy and liberal capitalism, the foundation of the Green Evangelicals and the Democratic Liberals. These variations in the ideology of the aforementioned groups are in consonant with Burke’s (1966) notion that it is the varied nomenclatures employed that account for the variations. Burke (1966) contrasted the secular and the theological terminologies to demonstrate some of the variations in human perception and interpretations. According to Burke, “if you want to operate, like a theologian, with a terminology that includes ‘God’
as its key term, the only sure way to do so is to put in the term...God... and that’s it...and from this initial move many implications necessarily follow” (p. 46). Similarly, a naturalist who employs Darwinian terminology will omit God with its own corresponding implications for that which is observed (p. 46). The important point is that these two different realities are products of the different symbol systems—Darwinism versus theology—that produced them making each reality to correspond to its symbol system with some level of fidelity.

A critical dimension of terministic screens is revealed in Schiappa’s 1989 study. While alluding to the mapping potentials of terministic screens, Schiappa (1989) revealed how terministic screens can also be employed by communicators as a smokescreen for real intentions. Schiappa (1989) cited Ronald Reagan’s attempt to name the MX missile “the peacemaker” (Kauffman, 1989), an act that earned Reagan the National Council of Teachers of English “Doublespeak award.” This language use is an example of the unethical use of terministic screens. Similar unethical communication was unraveled in Eisenhower’s attempt to conceal the true magnitude of nuclear weapons during the development and testing of the hydrogen bomb. President Eisenhower is said to have suggested to the chairman of the Atomic Energy Commission (A.E.C.) in May 1953 that he leaves out terminologies that might arouse public suspicion about the dangers of nuclear weapons in his communication about them to the public. Eisenhower instructed the chairman, “leave the ‘thermonuclear’ out of the press release...keep them confused as to ‘fission’ and ‘fusion’” (U.S. Congress, 1979, p. 151). Schiappa (1989) identified two principles that were employed in nukespeak through the power of metaphors to conceal
the extraordinary dangers nuclear weapons posed to the public. Through *domestication*, nuclear communicators employed terms, such as “little boy,” “fat man,” and “birth of a new era” to conceal the extraordinary dangers nuclear weapons posed to the public. With regard to *bureaucratization*, words were sanitized by bureaucrats who employed acronyms, e.g., MRV, MARV, ASW, in ways that only insiders would understand what exactly those terminologies implied. Park (1972) concluded that, when this happens, the public becomes numbed as a crowd, not co-creators of public policy. Nukespeak, thus, served as an example of a morally dubious terministic screen for users—both speakers and the audience. Edelman (1977) underscored the importance terministic screens and their implications. Edelman (1977) pointed out that “political language not only gives the events of social life meaning, it is itself part of events…helping shape the political roles officials and the general public play” (p. 4). To this end, if a political leader chooses the wrong terministic screen to describe a situation, that wrong choice has dire consequences for how the public perceives reality.

One can observe a clear relation between the concepts of *domestication* and *bureaucratization*, the terms generated under them, and their relation to what Burke (1966) referred to as filters. According to Burke (1966), terministic screens work together with individual terms in predictable ways. Burke (1966) asserted that “when I speak of terministic screens, I have particularly in mind some photographs I once saw. They were different photographs of the same objects, the difference being that they were made with different filters” (p. 45). To Burke (1966) “something so ‘factual’ as a photograph revealed notable distinctions in texture, and even in form, depending upon which filter
was used for the documentary description of the event being recorded” (p. 45). Clearly, the domesticated filters projected a different meaning than the bureaucratic filters did. It can be seen from the reviews that terministic screens can be employed to track the variations in meanings, perspectives, and their implications.

In consolidating the cross-cultural applicability of terministic screens, I turn to Winkelman (2008). Winkelman (2008) employed terministic screens in studying female genital cutting (FGC), comparing its interpretation in Egypt with its interpretation in the U.S. This was an exercise to uncover and interpret the rhetorical variations and the motivations behind the construction and the interpretation of FGC in the two different geopolitical and socio-cultural spaces. Winkelman (2008) recognized FGC as a global phenomenon, with over a 100 million women having undergone one of its variant forms. Winkelman (2008) employed the Burkean terministic screens to distill the varied interpretations the competing publics—in this case, Egypt and the U.S.—assigned to this shared global phenomenon in their public discourse. Winkelman (2008) concluded that, based on the varied terministic screens employed by the two different publics, different understandings of the same phenomenon were reached. Winkelman (2008) identified four interrelated terms in her study: “female genital cutting,” “female genital mutilation,” “female circumcision,” and “female genital modification,” as variant definitions of the same practice (p. 2-3). This situation created interesting rhetorical dynamics from which the same event is understood across the U.S. and Egypt. Winkelman (2008) revealed that, by terming the practice “female circumcision,” the rhetor conveys acceptable preferences analogous to the procedure performed on majority of males in the U.S. This way, the
rhetor aligns the practice with the scientific and socially acceptable customs within Western culture. Winkelman’s (2008) work exposed how the terministic screens can be used for identification and disassociation. Whereas Egyptians found the term mutilation offensive to their self-identity, people in the U.S. thought the use of the term female circumcision downplayed the seriousness of the issue. To this end, while people in the U.S. disassociate themselves from the usage of female circumcision, Egyptians find its usage acceptable and associate themselves with it. This demonstrates the cross-cultural sensitivity of the terministic screens.

In yet another study, Wicker (2003) provided a cross-cultural perspective on the September 11 attacks on the U.S. Wicker (2003) employed terministic screens to track the meanings assigned to the attack from the perspectives of four different countries—the U.S., France, Israel, and Iran. Considering that the September 11 attacks on the U.S. took place on the world stage, with the drama reported widely around the world via the media, Wicker’s (2003) study provided insights into how the event was perceived by the selected countries, as represented by their leaders and their media. For George W.H. Bush—representing the U.S.—the act was war, terror, and evil with the purpose to frighten, cause evil and destruction (Wicker, 2003). For Iranians, as seen through the lens of the Tehran Times, even though the act was considered to be a terrorist act, the purpose, to its public, was to punish America for its support for the “racist Zionist regime” (Wicker, 2003). Similar to the Iranian classification of the act, the Israeli government deemed the act terrorism, but apportioned the purpose within the context of the Arab-Israeli war, imputing an attempt to destroy a Western way of life. For the French, through its English
monthly, *Le Monde Diplomatique*, the same act was described as hyperterrorism, which demonstrated the clash of civilizations. And, in assigning purpose, the *Le Monde Diplomatique* turned to the wrongs the U.S. had committed in its past foreign policies against other nations to underscore the agents’ quest for justice (Wicker, 2003).

Similar to the FGC study, Wicker (2003) argued that we cannot escape our terministic screens in our attempts to analyze the same events. While not privileging any of the perspectives over the other, Wicker (2003) considered her work as essential in providing some insights into the multiple perspectives individuals from different socio-cultural, political, and economic backgrounds bring to the interpretation of the same event. In Wicker’s (2003) estimation, these forms of understanding can help bridge the gap between cultures in international relations and foreign policy encounters where cultural interpretations and understandings are essential.

While Wicker (2003) and Winkelman (2008) adopted terministic screens exclusively as an approach in their respective studies, Lu (2012) adopted terministic screens in conjunction with Burke’s concept of identification and the representative anecdote. She combined these ideas to unravel the persuasive dimensions of the 2009 Chinese best seller *China is not happy*. After selecting the most representative anecdotes from the book, Lu (2012) employed Burke’s identification to isolate the antagonists—Chinese as the victims of U.S. untoward policies and the U.S. as the scapegoats of Chinese economic failures—as characterized by the authors. Lu’s (2012) analysis suggested that the negative representation of the U.S. by the writers was achieved by the employment of representatives anecdotes and terministic choices the writers made.
Another aspect of the terministic Screens are that, because of their relativistic assumptions or possibilities, there is compulsion on the side of its user to perfect his or her terministic screen. Burke (1966) referred to this as the terministic compulsion as derivative of Aristotle’s idea of ‘entelechial.’ Burke (1966) called attention to this principle to underscore the fact that a given terminology contains various implications and there is a parallel ‘perfectionist’ propensity for people to attempt carrying out those implications (p. 47). A good example of the manifestation of entelechy is Burke’s (1968) anecdote of an astronomer who uncovered, through observation and computation, a drifting body which was about to hit the earth and destroy us, feeling compelled to argue for the correctness of his or her computation and its implications. This inward conviction is observable across the studies reviewed in this research. To cite a few examples, in the case of pro-ordinance campaigners, the implications of vulgarity that pornography depicted was not lost on them, just as the curtailment of free expression that will result from banning pornography was not lost on anti-ordinance advocates (Palczewski, 2001). Similar lines of identification and disassociation are noticeable between the environmental reformist and the conservatives in the U.S. As Prelli and Winters (2001) depicted, for the Green Romanticism, any human action that interferes with natural environment processes are unacceptable, a position which the liberal environmentalist and capitalist oppose, with the view that agents can pursue multiple interest which sometimes interfere with the environment. The same can be said of the conflict between the elders and the youth of Mijikenda. The erosion in traditional authority among the elders of Mijikenda made them determined to keep what was left of the old order, a
situation that turned their youth, who were also experiencing a new order of freedom, against them (Westerfelhause & Ciekawy, 1998). In all these cases, the antagonists were ready to carry out the implications of their terministic screens.

The above observations suggest that terministic screens can be employed as both an approach and a methodological technique. The discussion also revealed that terministic screens can be employed exclusively or in conjunction with other Burkean approaches in studying any artifact. It is also observable that terministic screens are malleable to cross-cultural and intercultural applications.

Following from the above, this research will employ terministic screens as sensitizing lenses from which Jammeh’s claims are viewed. I will use the dramatistic pentad as complementary technique. The terministic screens and the dramatistic pentad will reveal the ultimate terms that appear in the dialectical discourses of the global and local understanding of HIV/AIDS and ARVs. Through these ultimate terms, I will be able to describe and interpret how Jammeh’s rhetorical claims fit with, depart from, or integrate the current discourses relating to HIV/AIDS and ARVs. From the words, the phrases, the sentences, slogans, and the speeches of Jammeh, it is possible to describe and interpret Jammeh’s discourse—the values, the rhetorical resources, their articulation, and the motives behind their articulation—in relation to the known and acceptable discourses concerning the disease. From Jammeh’s terminologies, it is also possible to uncover forms of definitional transformations that might be emergent. And from Jammeh’s discourse, it is also possible to determine whether Jammeh communicated his claims ethically or unethically.
In an attempt to collect and analyze the artifacts of interest, I recognize that my training, experience, and background provide me with peculiar nomenclatures. For example, being an African who has trained in the West, I have a unique perspective on the issue under study through both my epic and emic orientations. These orientations empower me in certain ways with peculiar terminologies, with the effect of directing my attention to particular elements of the artifacts under study and what I make of their contents in my analysis. I acknowledge that there are other ways of examining and describing the same artifacts which might lead to other interpretations and conclusions. Thus, this examination and interpretation of the artifacts are not absolute or fixed. African studies, medicine, political science, anthropology, feminist approach, and all other specialized sciences with narrowed focus, limited by their nomenclatures, are bound to examine and interpret the selected materials differently. In line with Burke, I recognize that this research cannot escape from the limitations of its own nomenclatures with regards to what it is able to capture (Burke, 1945).

Still, on examination and interpretation of the selected artifacts, Burke (1966) again alerted us to the influence of our own dispositions on the material of study. I take cognizance of such influences that might interfere with my analysis. As Burke pointed out, “even the behaviorist, who studies man in terms of his laboratory experiments, must treat his colleagues as persons, rather than purely and simply as automata responding to stimuli” (p. 53). The point is that being a human instrument of this research, I recognize that my actions cannot be termed as simply motions without corresponding moods. I
recognize some of the unnoticeable influences my emotions, class status, and my location in life may have on this research.

From this review of the terministic screens, three important justifications for the adoption of the terministic screens in the current research are evident. First, the malleability of the approach to the understanding and interpretation of a phenomenon that require multiple perspectives is underscored. Second, the cross-cultural applicability of the approach is revealed. Third, the usage of the approach in intercultural settings to understand and interpret global issues is also accentuated. The discussion of the approach, thus, leads to the discussion of the specific technique that was employed in selecting and mapping the artifacts for analysis.

3.3. Artifacts Selection

As the president of his country, Jammeh has made many public statements. Not all of his public utterances are relevant to this study, as most of his pronouncements deviated from the topic of interests or lacked storylines that resonates with the interest of this research. For lack of interest in many of Jammeh’s speeches, I conducted a careful examination of Jammeh’s statements and speeches to identify the artifacts of interest to this research.

A preliminary sifting through the numerous artifacts on the website of the Gambian Government revealed that some artifacts are more depictive of Jammeh’s claims than others, as they are embedded with coherent storylines of his claim than others. Since I cannot analyze all the artifacts that carry all the claims related to the
interest of this study, I selected the artifacts that are more suited to the interest of this research. In this regard, the press statements which announced the beginning of Jammeh’s participation in HIV/AIDS treatments were selected because that announcement marked the beginning of a landmark phenomenon of interest—Jammeh’s participation in HIV/AIDS therapeutic practices. In the same vein, the artifacts that announced the discharge of PLWHAs who had purportedly undergone Jammeh’s treatment and the artifact that marked the first anniversary celebration of Jammeh’s discovery were also selected for the significance of their timing and the events they announced. While the discharge of PLWHAs Jammeh purportedly treated bolsters Jammeh’s claim as a healer of the incurable HIV/AIDS, the celebration of Jammeh’s discovery underscores Jammeh’s continuing rhetoric of claim of a cure for the disease. I hope to uncover Jammeh’s views on ARVs and the origin of HIV/AIDS in these artifacts, as my preliminary investigations regarding the content of the selected artifacts already point to meaningful insights about Jammeh’s views and values on the topic.

The other artifacts selected include the artifact that contains Jammeh’s announcement of his intention to construct a hospital for the treatment of HIV/AIDS in the Gambia and the artifact that contains the latest pronouncements of Jammeh on the subject matter of HIV/AIDS and ARVs prior to the beginning of this research—August 2014. The last two artifacts offered me the opportunity to track any changes that might have occurred in Jammeh’s claims over the seven years since Jammeh first announced his participation in the treatment and cure of PLWHAs in the Gambia. These artifacts provided relevant anecdotes concerning Jammeh’s claims of cure for HIV/AIDS, his
beliefs about them, origin of the disease, and his understanding of the economic issues regarding HIV/AIDS and ARVs.

The selected artifacts with the storylines of a cure for HIV/AIDS, awareness of origin of the disease, and the economic explication of ARVs are as follows: (1) President Jammeh announces to participate in the treatment of HIV/AIDS and Asthma (Government of the Gambia, 2007, January 18); (2) President’s speech on the discharge of 13 cured HIV/AIDS patients (Government of the Gambia, 2007, June 17); (3) His excellency the president Alhaji Dr. Yahya A.J.J. Jammeh on the celebration of the 1st anniversary of the HIV/AIDS breakthrough (Government of the Gambia, 2008, January 17); (4) New Year message by His Excellency Sheikh Professor Alhaji Dr. Yahya A.J.J. Jammeh President of The Gambia on 31st December 2012 (Government of the Gambia, 2012, December 31); and, (5) President Jammeh announces new cures at 7th anniversary of breakthrough (Government of the Gambia, 2014, January 17).

The speeches were selected using these criteria: (1) they were hosted by the official website of the Government of the Gambia, therefore, deemed public documents; (2) in these artifacts, preliminary readings revealed they carry storylines of interest concerning Jammeh’s claims and represent the specific events they announce with relevant dates; (3) the contents attributed to the rhetor (Jammeh) are not in dispute by the rhetor or anybody representing him. These criteria were chosen to select the artifacts that are most representative of Jammeh’s claims. This is in order avoid any artifact whose origin might be either doubtful or questionable by the rhetor or any of his lieutenants.
It is through the examination of these media forms, or artifacts, that I interpreted Jammeh’s rhetoric, identifying how Jammeh designated his agent, agency, act, scene, and purpose via the pentad, which is discussed in the ensuing pages. Through the understanding of the elements of Jammeh’s speech, I unraveled the values Jammeh offered his audience as equipment for living.

3.4. The Dramatistic Pentad and the Pentadic Ratios

This research employs the dramatistic pentad as a complementary methodological technique in the evaluation of the selected artifacts. After selecting the artifacts of interest, the next objective of this research is to unravel the values embedded in them, how those values were communicated by Jammeh, and the motives behind their articulation.

To discover how a rhetor organizes and presents the five dramatic elements in a rhetorical artifact, Foss (1989) proposed three major steps: (1) identification of the five terms—act, agent, agency, scene and purpose in the rhetorical artifact (s) of interest; (2) application of the ratios to discover the elements featured by the rhetor; and, (3) naming the motive from the featured elements. Some exemplars of the application of the labels, the ratios, and the identification of the ideologies and the motives are discussed in the ensuing pages. This discussion proceeds in three phases—the pentad, the pentadic ratio, and the motives.
3.4.1. The pentad. Burke (1945) described the pentad as the generating principle by which we can understand human actions. Human action itself Burke (1945) described as a drama and labelled the study of human action dramatism. The pentad, thus, serves as a framework for answering the question: “what is involved, when we say what people are doing and why they are doing it?” (Burke, 1945, p. xv).

Five elements constitute the pentad. These five elements are regarded as the generating principles for any rhetorical criticism that employs the dramatistic pentad. These are the act, scene, agent, agency, and purpose. These five terms, respectively, correspond to the questions of what was done, when or where it was done, who did it, how he or she did it, and why (Burke, 1945). Harter and Japp (2001), providing further explication to the concept, expounded it as “the nature of action, the act; the context in which action takes place, the scene; the source or force of action, the agent; the manner or means of action, the agency; and the ultimate goals that propel the action, the purpose” (p. 411).

Miles (1991), who employed the pentad to critique selected speeches of the U.S. ambassador to the U.N., Jeanne J. Kirkpatrick, observed that the elements of the pentad do not operate or perform individually or in isolation. Like an organism with various parts, the elements of the pentad complement each other interdependently to create the whole organism, in this case the speech organism. This assertion is consonant with Birdsell’s (1990) notion that “though the parts of the pentad as developed in the speech are discreet, they function as a whole, augmenting and balancing one another” [sic] (p. 197). These observations are traceable to Burke (1969) who likened the pentad to the five
fingers of the hand. Burke (1969) pointed out that even though each of the five fingers is distinct, all the fingers merge in the hand to make a complete hand.

It is the interdependent and interwoven nature of the pentad that invites the critic to evaluate each finger to locate its tip or to locate where it merges with the hand. According to Birdsell (1990), “in any given text the terms might be located close to the finger tips, but just as easily might be at some intermediate, liminal point between finger and palm” (p.203). Meister and Japp (1998) referred to this as “symbolic overlaps and the interdependency that illustrate the complexity between communication and culture” (p. 408).

What is observable from the analogies above is that the application of the terms of the pentad is not a simple or obvious task, whereby the critic affixes the pentadic labels to the components of the artifacts just at a glance or capriciously. The application of the pentad requires some critical evaluation of the artifacts to determine how the various elements of the artifact correspond with the elements of the pentad. Foss (1989) pointed out two ways of assigning the labels of the pentad: internal and external labelling. For the pentad to be employed internally, its elements focus on the contents of the actual rhetorical artifact. In this case, the content is examined from the point of view of the rhetor, or how the rhetor structures the world. On the other hand, the external labelling of the elements of the pentad tends to rely more on the collection of information outside of the artifact itself and less on an analysis of the artifact. According to Foss (1989), the pentadic analysis tends to be more insightful when performed internally, since it affords the critic the opportunity to delve into the mind of the rhetor more intimately.
Turning to the practical utility of the pentad and its application in unraveling the
drama, Foss (1989) provided some hands-on considerations which the critic must take
into account in the critical process. In explicating the scene, Foss (1989) pointed out that
“how the scene is designated is particularly important because it indicates the scope of
the analysis—how broad or how limited it will be” (p. 338). The scene selected is also
noted to impact the selection of the other elements of the pentad and establishes the
circumference of the analysis (Foss, 1989). For example, if the critic designates the scene
as global, the ramifications of that designation will implicate analysis that will tend to be
global in their nature. Obversely, the scene can be designated to be local—e.g., a room, a
church, etc.—limiting the dramatic scene or stage to limited parameters of that
designation. Time and historical epochs can also be designated as scenes, Foss (1989)
pointed out. For Meister and Japp (1998), the scene must be a fit container of the act and
the agent, because it is the explicit representation of the implicit qualities. For instance,
we understand the actions of firemen spraying water at a fire scene at a particular time.
The critic is, however, cautioned not to expect a linear relationship, since this is a human
experience which is immersed in the ambiguities of language.

Similar requirements apply to the other elements of the pentad. The agent must be
named explicitly as an individual or group. For example, John Doe, U.S., South Africa,
etc. (Foss, 1989; Foss & Trapp, 1985) In this regard, if it is possible to identify symbolic
acts within the artifacts and locate them within a scene, there must also be an agent(s) or
actor(s) for such acts. For example a soldier, agent; who uses a gun, agency; to kill, act;
at war, scene; to protect himself and his country, purpose (Meister & Japp, 1998).
For *agency*, it identifies the means employed in the performance of the act (Burke, 1945, p. 275-320). The agency may include public speech, language style, government or organizational policy (as in *Agenda 21* (Meister & Japp, 1998) or in the *women maternity discourse* (Meisenbach, Remke, Buzzanell, & Liu, 2008) and press statements (Foss, 1989; Foss, & Trap, 1985). With regard to act, Foss (1989) underscored freewill and motion as important ingredients that determine human action. By this notion, the motion of animals is not to be regarded as an act or an action, since the humans employ symbols in their motivations to act, while animals do not.

Finally, the purpose, or the ultimate aim of the identified agent, must also be revealed from the artifacts and labelled. The purpose of the act is understood to be the agent’s private purpose. Foss (1989) differentiated between purpose and motive, emphasizing that the two are not the same. According to Foss (1989), “while purpose is the reason for action that is specified or implied by an agent, motive is the explanation for the act that is uncovered or recognized after the completion of the act” (p. 338). It is, thus, the work of the critic to discover the motive of the agent through the evaluation of the five elements of the pentad. The point is that motive is the explanation for the act uncovered through the critical analysis of the artifacts. Birdsell (1990) summed up the pentadic framework as a useful device that helps to isolate persuasive resources in a speech. Birdsell (1990) also underscored the possibility of identifying multiple scenes, agents, agencies, acts, and purposes within a single artifact. Following from Foss (1989), I labelled the artifacts explicitly based on the internal application of the pentad—in this case, the way Jammeh structures the HIV/AIDS discourse or the world as a rhetor.
3.4.2 The pentadic ratio. The second phase in the application of the dramatistic pentad is the employment of the pendatic ratios in determining the controlling element of the terms in an artifact (Burke, 1945, xxii-xxiii). Burke (1945) pointed out that the power of the pentad does not reside in each individual element; rather, the pentad derives its power from the “ratios” or the “principles of determination” (Burke, 1945, p. 15). Burke (1978) stated that, though he explicitly defined the pentad and its elements, his “stress is less upon the terms than upon the ‘ratio’ among the terms” (p. 332). The ratio evaluates the association between two elements, particularly the causal relationships that exists between them. Burke termed this the calculus of the pentadic ratios.

In explaining the practical application of the pentadic ratio, Foss (1989) pointed out that each of the five elements in the pentad can be put together with each of the others to “form twenty ratios as follows: scene-act, scene-agent, scene-agency, scene-purpose, act-scene, act-agent, act-agency, act-purpose, agent-scene, agent-act, agent-agency, agent-purpose, agency-scene, agency-act, agency-agent, agency-purpose, purpose-scene, purpose-act, purpose-agent, and purpose-agency” (Foss, 1989, p. 340). Each of the pairings can also be paired in a reverse application. For example, the scene-act ratio can also be flipped to be act-scene ratio, depending on the element that offers greater insights into the acts under consideration (Miles, 1991). The ratio, applied to a rhetorical artifact, allows the critic to narrow an analysis from a big picture to a more precise one, centering on two of the five elements of the rhetoric. By so doing, the critic employs the ratio to signify the notion that “in every situation, as one compares the relative importance of one
term to another, one of the terms may be seen as more important [or dominant] than the other” (Miles, 1991, p. 29).

Closely linked to the determination of the ratios is the intermediary role of language. As the rhetor constructs his or her realities or drama, he or she does so through the power of language. For Yagoda (1980), drawing on Burke (1950), the essential fact about humankind is that, as symbol-using animals, we interpret the natural social world around us through language. This is consonant with Meister and Japp (1998), who asserted that “language is not simply a tool that describes reality but rather symbolic actions that create reality” (p. 407). In this regard, scholars have argued that the theatrical dramas of a playwright, as in Burke’s metaphor, are social constructions which can be explored through language, since language forms the building blocks of these dramas (Chesebro, 1988; Ciesielski, 1999; Schiappa, 1993; Wess, 1996).

To unravel the drama is, therefore, to be at the core of its construction—language. Burke (1969), however, alerted us to the inherent ambiguities in language and its use. Burke (1969) pointed out that, with the possibility to reinforce completely opposite goals, there is an inherent ambiguity in language that supports both stability and change. Some of these ambiguities have been revealed by scholars who have adopted the dramatistic pentad in the evaluation of various artifacts (Birdsell, 1990; Meisenbach et al., 2008; Meister & Japp, 1998). The caveat is that the critic must be mindful of the ambiguities.

Explicating the inherent ambiguities in language and its implications for conducting the labeling, Edelman (1988) and Nelson (1989) argued that, even in its ambiguities, language provides sufficient anchorage for specificity or precision that...
makes interpretations possible. Tying the issue of ambiguity to Mile’s (1991) playwright example, one can safely argue that, as two critics from even the same cultural milieu attempt to unravel the moral lessons within a particular drama using the pentad, they may arrive at different conclusions. This is as a result of their subjectivities, the heuristic nature of the pentad, and the ambiguities embedded in language.

A key observation from the above point is that there is flexibility in the application of the pentadic ratios (Miles, 1991). In any public controversy, rhetors will try to define the problem in order to change audience perception employing one or more of the five terms (Ivie, 1974). The implication is that rhetors come to any controversy with their own biases and worldviews. Brummet (1989) invoked the images of two speakers addressing the issue of sharp increase in cancer rates to elucidate the point. According to Brummet (1989), in this controversy, “one speaker may argue that we face disaster because we have violated God’s plan,” defining the situation in terms of purpose (p. 353). For the other speaker, it may be due to the careless pollution of the environment with carcinogens; in this case, defining the situation in terms of scene (Brummet, 1989).

From Burke’s (1945) perspective, the disposition to define most issues in life with one term or ratio serves as the basis for ideology. Thus, the application of both the pentad and the ratio to the artifacts is a critical exercise that requires the creative evaluation of the various components of the artifact in order to determine which labels of the pentad provide a congruent fit for them. The implication is that the critic’s subjectivities, the ambiguities of language, the background of the rhetor, and the heuristic nature of the pentad converge to make the critical process interpretive. What the foregoing suggests is
that there is no formulaic rule of discovery in apportioning the pentadic labels or the ratio to the components of the artifacts except the critical mind of the critic (Birdsell, 1990).

Birdsell (1990) introduced an important possibility into the labelling process for critics. Considering the ambiguity that characterizes the labelling process, Birdsell (1990) advanced some experimental possibilities into the labelling process. The practicality of the experimental proposition is that the critic can attempt several times in matching the labels until the most congruent label is found for the various constituents of the artifact. According to Birdsell (1990), since the terms are convertible, ambiguous, and can overlap, “critics are well served by experimenting with the various treatments of the terms within the text under study in an effort to determine which formulation will provide the fullest explanation of the relationship between those terms in the text” (p. 203). In concurrence with Birdsell (1990) about the ratio, Kneupper (1979) pointed out that, ultimately, a pentadic ratio has a heuristic function in determining the interrelationship and correlation upon which motives are assigned.

The identification of the interdependent relationships between the ratios is thought to reveal the rhetor’s framework and the motive in a specific speech. Miles (1991) likened this to the hierarchical organization within systems perspective in which an important quality of an organism is at its hierarchy. In this case, “the hierarchy of the speech organism is identified through its ratio where the critic can also uncover motive” (p. 30).
3.4.3 Philosophical orientations and motives. The third phase in the application of the pentad is the determination of the philosophical orientation of the artifact under study. From a Burke’s point of view, every artifact has a philosophical orientation. The pentadic ratio aids the critic in identifying a clear terminology, easily understood by most. Burke (1945) warned that the critic does not have to abandon the terms, “since all statements that assign motives can be shown to arise out of them and terminate in them” (p. XV).

Burke (1945) established relationships between each of his pentadic terms, which allowed him to connect the controlling element of the terms to a philosophical perspective or orientation. This in turn provided him with the basis to draw inferences from the text in arriving at the motive (s) of the rhetor. Similar to Burke (1945), in explicating the relationship between the terms and the philosophical underpinnings embedded in the artifacts, Foss (1989) pointed out that “once the term is discovered, it can be used to identify the philosophical systems to which it corresponds, with that system generating ideas about what the motive for the rhetoric may be” (p. 341).

If we are to go by Brummet’s (1989) example in which the scene was seen as dominant or the controlling element of the drama, then our philosophical mooring would be materialism. Materialism is the “metaphysical theory which regards all the facts of the universe as sufficiently explained by the assumptions of body and matter” (Burke, 1945, p. 131). Similarly, the rhetor who views the situation in terms of God’s purpose would resort to mysticism in his or her explanation of the world. The point is that, the terms of the pendatic ratios are motives for people to make choices and take actions in
controversies (Brummet, 1989). Motives, however, are not static; they are determined by one’s worldview, which in turn shapes one’s reality (Burke, 1945). The pentad, thus, provides the means through which we can unravel and understand the motives of the rhetor (Miles, 1991).

With regard to the other elements of the pentad, agent as the controlling element corresponds with idealism; act corresponds with realism; and, agency corresponds with pragmatism (Burke, 1945). Each ideology corresponds with a term dominant in the pentadic ratio and reveals a motive. The corresponding ideology is fundamentally connected to the rhetorical artifact, both through the terminology used within the artifact, as well as in performing a discourse adaptation based on audience (Burke, 1945; Knuepper, 1979).

Many scholars have used the pentad to unravel the ways rhetors organize their artifacts and the motivations behind their acts (e.g., Birdsell, 1990; Edwards, 1998; Ling, 1989; Lu, 1998; Lu, 2012; Madsen, 1993; Meisenbach et al., 2008). Review of literature suggests varying degrees of possibilities in the application of the pentad. In one group (Ling, 1989; Meisenbach et al., 2008), critics labelled the various elements of the artifacts explicitly before proceeding to label the pentadic ratio. In another group (Edwards, 1998; Lu 1998; Lu, 2012; Rountree, 2001), critics identified the pentadic ratio, bypassed the explicit labelling of the elements, and headed into the analysis. In a third instance (Madsen, 1993), the critic employed the pentad in conjunction with other Burkean approaches, e.g., the representative anecdote, in her analysis. The inference is that the
pentad can be used exclusively, in conjunction with other Burkean approaches, or the ratios can be applied directly without labeling all the parts of the speech as an initial step.

In case of the first application of the pentad, Ling (1989) employed the pentad to unravel the motivations behind Senator Edward Kennedy’s address to the people of Massachusetts, following the death of Mary Jo Kopechne. Ling (1989) divided the speech into two and labelled the first part of the speech Edward Kennedy—Victim of the scene (in which Kennedy explained what occurred on the evening of July 18). Ling (1989) then proceeded to label the constituents of the speech as follows:

Scene: The events surrounding the death of Miss Kopechne
Agent: Kennedy
Act: Kennedy’s failure to report the accident immediately
Agency: Whatever methods were available to make such a report
Purpose: To fulfil legal and moral responsibility

(It must be noted that the above labels are incongruous with the events in the artifact, but that is not the main focus or interest of this study).

The elements of the first part of Kennedy’s speech were clearly identified and labelled. It is from these initial labels that Ling (1989) discovered the scene as the controlling element of the pentad. This labelling of the elements made the analysis of the speech in its entirety possible. It is through these labels and their analysis that Ling (1989) could identify a motive which was different from the presumable purpose of Kennedy’s act—Kennedy’s desire to cover up.
The point is that, if Kennedy’s purpose was to avoid reporting the incident to the police as a moral and legal responsibility, Ling (1989) discovered something different from Kennedy’s failure to report the incident motivated by the scene. By analyzing the events of the incident together with Kennedy’s speech, Ling (1989) uncovered Kennedy’s motive of covering up the facts of the incident by buying time.

In the second part of the speech, Ling (1989) uncovered different elements. Ling (1989) designated the scene as current reaction to the events of July 18 and labelled the people of Massachusetts as the agents. The other elements of the pentad were also labelled accordingly. The various elements of the pentad changed in respect to the second part of the speech. Rather than what motivated the past act, the new pentad emphasized the future act of voters. The point is that, depending on which aspect of the artifact or speech act one is analyzing, the labels will change in connection with the specific aspect of the speech or act (see also Meisenbach et al., 2008; Miles, 1991). This latter observation is in line with the general ambiguity observed in language, the subjective tendencies on the part of the critic, and the heuristic nature of the pentad.

While Meister and Japp (1998) explored the first step of labelling the elements of the pentad before proceeding to explore the ratios, as identified in Ling (1989), they rather paired the elements of the pentad in their labeling—e.g., scene-act, agency-purpose, and agent—which highlights yet another variation within the systematic labelling tradition. The essential part of their study, however, was the discovery of ambiguity as a pentadic asset. In their analysis of the language in the U.N. Agenda 21 document, Meister and Japp (1998) discovered that one of the main themes of that
document, *the quality-of-life* phrase, was so pregnant with ambiguities that it meant different things to different people. They revealed that, while for U.S. citizens the quality of life means the good life with technological necessities, it tends to imply basic needs of shelter, water, and food for others in the developing world. To them, therefore, “*Agenda 21* is both rhetorical and cultural; it is a system of symbolically constructed meanings. Such meanings are processes of interpretation as well as observation,” they pointed out (p. 404). For Ducan (1990), Ducan and Levy (1993), and Japp (1989), this is where rhetoric and culture intersects. For Foss (1989), as humans “size up a situation and name their structure and outstanding ingredients,” they implicate their culture (p. 336). In all these cases, there is consensus about the influence of culture, perception, and choice with regard to how humans construct reality.

In Birdsell’s (1990) study, unlike in Ling (1989), the first step of explicitly labelling the elements of the artifacts before proceeding to identify the controlling elements was bypassed. Birdsell (1990) led the reader straight into the controlling element of the pentad, which Birdsell (1990) identified as *scene, agent, and act*, for the various parts of Ronald Reagan’s speeches in connection with Beirut and Grenada, his subjects of interest. By designating Lebanon as a *scene* of devastation, where a U.S.-led multination army was under attack, Birdsell (1990) plunged into the analysis of the speech in which the reader can identify the various aspects of the speech. But this clearly deviates from the explicit labels found at the first phase of the labelling in Ling (1989) and Meister and Japp (1998). From the scene, Birdsell (1990) distilled the actions that followed—identifying truck bombers as agents of the maligned scene. If the analytic gaze
were to be turned on U.S. action in response to the attack, its actions would be interpreted differently though contained by the same scene. This underscores the flexibility of the pentad due to the inherent ambiguities of language (Birdsell, 1990). Birdsell (1990) also connected the Reagan administration’s military action in Grenada to events in Beirut. Birdsell (1990) assigned Grenada as an agent who, by association with Cuba, invited U.S. action upon itself. Birdsell (1990) also connected the two events through the speech acts of Reagan and argued that the use of overwhelming military force in Grenada was to compensate for the failures or the deficits in Beirut (see also Madsen, 1993). By this connection, Birdsell (1990) tacitly instructs that two events do not have to be synchronous to be connected in the pentadic analysis (see Edward, 1998; Madsen, 1993; Meister & Japp 1998; Rountree, 2001; Xiao & Street, 2009).

Lu (1998) replicated the tradition that bypassed the initial labelling in an effort to unravel the motivations of five young authors of the 1996 Chinese best seller China can say no. Lu (1998) identified the pentadic relationship as a purpose-act ratio, with purpose as the controlling element of the relationship, and proceeded with her analysis. In this case, the act was derivative of motivations and purposes. Lu (1998) then proceeded to examine the purpose of both the authors (counteragents) of the novel and the purpose of the antagonist (agents)—in this case the U.S.—as assigned by the authors. One finds a twofold analysis in this paper. First, Lu (1998) examined the purpose assigned to the agent—variously referred to as the American Government, the American People, and American Culture—by the rhetors (in this case, the authors of the novel whose acts
counteract American acts). Second, Lu (1998) examined the purpose of the authors of the novel from the perspective of a critic.

In the case of the *American Government*, the rhetors attributed two interrelated purposes: to exercise American hegemony and to put obstacles in the way of China’s economic development. The rhetors also accused the U.S. of hiding behind the veil of advancing humanitarian goals, human rights, and justice to create chaos around the world. In the case of the rhetors, Lu (1998) pointed out their purpose, as revealed in her selected anecdotes, as whipping up anti-Americanism in the Chinese population. In line with Foss (1989), however, Lu (1989) uncovered a deeper motivation for the act, which is the attempt to promote Chinese nationalism. Foss (1989) alerts the critic to look beyond the stated purposes of the rhetor in order to uncover the underlying motives for the act, as the underlying motives might tend to be different from the stated purpose of the rhetor. In this regard, Lu (1998) unraveled the underlying motivations for the text as a call for the renewal of Chinese national identity and to depict China as the future legitimate world leader.

In a third exemplar, Madsen (1993) combined the representative anecdote and the pentadic ratio in analyzing the 1988 George Bush Campaign. Madsen (1993) employed the representative anecdote to, first, distill the themes and the anecdotes from the selected artifacts before proceeding to employ the pentadic ratio to designate the elements of the speech. In Madsen’s (1993) pentadic analysis, Madsen (1993) assigned *act* as the controlling element with Bush, the actor, who attempts to improve a scene that was degraded by Democrats. This is analogous with Birdsell (1990) who pointed out that the
symbolic act tends to reflect a root term. The root term is not, however, limited to instances of scene or act as controlling elements. Any of the five elements of the pentad can be the root term. Here, Bush’s purpose was to become a president in order to restore America to its greatness. Embedded in the motivation is the worldview of America’s greatness. Birdsell (1990) cautions that the critic must ensure that the root term is most informative with its grammatical implications treated consistently throughout the artifact.

In extending the pentad, Meisenbach et al. (2008) employed interviews as representative anecdotes. These interviews served as the basis for their pentadic analysis of women’s maternity leave discourse of the pentad. While Meisenbach et al. (2008), similar to Madsen (1993), employed the representative anecdote in conjunction with the pentad, the representative anecdotes were generated by them through interviews with women in their study (by this, they have extended the reach of the representative anecdote and the pentad). In another respect, similar to Ling (1989), they labelled the pentad before proceeding to conduct the pentadic analysis.

At another level, there is a similarity between Meisenbach et al. (2008) and Meister and Japp (1998). Meisenbach et al. (2008), like Meister and Japp (1998), recognized that the pentad reveals “multiple possibilities for meaning within a selected symbolic terrain,” as in Burke’s (1969) view. But while Meister and Japp (1998) observed these fissures of ambiguity, as contradictions which offered politicians and bureaucrats the leeway to “reinforce political power and status” (p. 415), Meisenbach et al. (2008) saw ambiguities as fissures where transformative change is feasible. Meisenbach et al. (2002) revealed that “scene-agency, scene-agent, and agency-agent
ratios dominated women maternity leave discourse, which implied that the organizational scene was pervaded with maternity policies (agencies) in which women had no contribution. However, they argued that the dominant ratios—of scene-agency, scene-agent, and agency-agent—call attention to (re)opening the discourse surrounding maternity leaves for transformative purposes.

There are a few important observations in these studies. First, it is suggestive, as in the cases that bypassed the first labelling stage, that readers should recognize the other elements of the artifacts, as allusions are made to them in the discussions. This is evident in Meister and Japp (1998), who asserted that “although the elements of scene and purpose are not discussed in this analysis [in reference to their study], the complexity of Agenda 21 certainly may account for the concepts” (p. 405). In the case of Lu (1989), the reader should be able to identify the American Government and its people as agents, who employed foreign policy mechanisms (agency) in the form of sanctions and Chinese containment (act) to promote American hegemony (purpose) on the world stage (scene).

The observable differences in the application of the method highlight the fact that there is "no one intrinsically more objective way of conducting the pentadic analysis. Each of the variants is valuable (Birdsell, 1990).

A second observation is that, with regard to Ling (1989), the labels changed in accordance with the analysis. In the first part of the speech, Kennedy was designated as the agent who was at the mercy of a merciless scene (events surrounding the death of Miss Kopechne), with the scene as the controlling element. However, in the second part of the speech, Ling (1989) labelled the scene as the reactions from the people of
Massachusetts, with the people of Massachusetts as the agents. This underscores the point that, depending on which aspect of the artifact or speech act one is analyzing, the labels will change in connection with the specific aspect of the speech or act just as the controlling elements will change. This is consonant with Birdsell (1990) who posited that the root term in a given text is bound to shift at different stages in the text, as there is no consistent rule for applying the terms across situations.

Closely tied to the above, Meisenbach et al. (2008) observed the flexibility in the application of the pentad due to the ambiguities of language and the heuristic nature of the pentad, as its most useful resource. For Meisenbach et al. (2008), the term that subjugate other terms can reveal the nature of discourse—whether there is an open universe of discourse or if there is a discursive foreclosure. For example, in their work, they uncovered that the scene-agency ratio was the dominant ratio, implying that women who were due for maternity leave were at the mercy of a bureaucratic scene, dominated by organizational policy (agency) without the opportunity for women to negotiate their leaves. Thus, the ratio revealed a universe of closed discourse. In their analysis, an agent-agency ratio would have implied an open universe of discourses, whereby the women are able to negotiate their maternity leaves. What is observable about these findings is that the pentadic analysis is a point in the critical process, not an end of the process (Birdsell, 1990).

A third observation ties the pentad back to the theoretical approach for this research. By distilling the rhetorical motivations of the rhetors as promoting Chinese nationalism, in opposition to America hegemony, in the case of Lu (1998), we come to
understand how the terministic screens serves as a useful approach in understanding variations in human perception. This is because the same act, which is perceived by the rhetors as American hegemony, is viewed by Americans as advancing human rights and promoting humanitarianism. This observation underscores the important place of the terministic screens within the Burkean approach.

Closely linked to the terministic screens is the observation that the term the critic employs has implications for the nature of the criticism as the pentadic alignment characterizes the subject under study. To produce conclusions that are unique to a rooted pentadic perspective, a pentadic analysis must conform to its own logic (Birdsell, 1990, p. 200).

Finally, the successful application of the pentad in the determination of motivations in the Chinese best sellers (Lu, 2012; Lu 1998) and the international development plan in *Agenda 21* (Mesiter & Japp, 1998) underscore the cross-cultural and the intercultural utility of the pentad.

Following from the above perspectives, I posit that Jammeh’s rhetoric was neither without motives nor empty of ideological or philosophical orientations. To understand and interpret the motives behind Jammeh’s representation and the articulation of his values, this phase of the research proceeded in two directions. In the first step, I applied the pentad in identifying the five elements—*act, scene, agent, agency*, and *purpose*—across the five selected artifacts in which Jammeh’s claims are embedded. The goal is to unravel the characters Jammeh brought to his speech, the roles Jammeh assigned them,
the scenes Jammeh invoked, the agencies Jammeh revealed, and the motivations behind Jammeh’s speech.

From these labels, the controlling elements of the pentad were established. From the established ratios, I unraveled Jammeh’s view of the world and the motivations for Jammeh’s actions.

In order to benefit from the advantages offered by the internal and external labelling, as suggested by Foss (1989), I employed both the internal and the external application of the pentad. This way, I analyzed Jammeh’s claims against the wider societal discourse; while at the same time, I labelled and analyze the discourse from the viewpoints of Jammeh. As observable from the labels—across the five pentadic acts in chapter four—the pentad provided a holistic approach for labelling the totality of the claims Jammeh made, how he articulated them, and with what purposes in mind. Jammeh’s rhetorical acts are, therefore, not mere motions; they are rhetorical acts within which I located the five elements of the pentad and the pentadic ratios in a critical and heuristic process.

The first section, Justification for Burkean approach, provided the rationale behind the choice of the Burkean approach. This was followed by the theoretical approach, the terministic screens, in the second section of this chapter. This section explored research models in which this approach has been utilized and their relevance to the current study. Finally, the dramatistic pentad was discussed as a technique for the selection and analysis of the artifacts of interest to this research.
Chapter 4: Rhetorical Choices of Jammeh and Their Implications

The speeches under analysis are presented in five pentadic acts. The first four pentadic acts examined Jammeh’s speech acts from Jammeh’s HIV/AID treatment inaugural speech up to the first anniversary celebration of his discovery. The fifth pentadic act scrutinized for any changes that might have occurred in Jammeh’s claims over the seven years period—January 18, 2007 to January 17, 2014—prior to the commencement of this research in August 2014.

For the sake of an orderly presentation and readability of Jammeh’s artifacts, I present the analysis in a chronology of Jammeh’s cure inaugural program announcement, origin of the disease, accusation of economic motives, alterations in the source of cure, and the celebration of Jammeh’s seventh anniversary of the discovery of HIV/AIDS cure. In this sequence of events, it was Jammeh’s claim of a cure for HIV/AIDS that triggered condemnation for Jammeh from the U.N.D.P., the WHO, and some members of the general public, a situation which compelled Jammeh to respond to them by revealing the source of the disease and the economic motives behind the manufacture of ARVs.

Most of all, the fact that Jammeh could enact or stage the scenes that are examined in this study in the Gambia speaks volumes about the political structures in place in the Gambia. What is observable is that Jammeh is the law and the law is Jammeh. Even though Jammeh wields absolute control over the Gambia, he needs rhetoric to make his despotic rule acceptable and to also scare those who might attempt to challenge his authority. The five pentadic acts in the analysis create understanding of Jammeh’s claims and actions that are acceptable to the people of the Gambia.
4.1. Jammeh—the Liberator of the HIV/AIDS Scene

On January 18 2007, suddenly and unexpectedly, Jammeh announced a cure for HIV/AIDS. In this announcement, the following pentadic elements are identifiable:

Scene: Millions of Black Africans living with HIV/AIDS

Act: Treatment of PLWHAs

Agent: Yahya Jammeh

Agency: Scientific method of cure

Purposes: To save PLWHAs/Conquer neocolonial bio warfare

Jammeh ordered the elements of the situation in such a way that agency was controlling. Even though Jammeh did not refer to the devastation HIV/AIDS has caused in Sub-Saharan Africa in this first pentadic act, Jammeh assumed that the audience was aware of the HIV/AIDS situation. To this end, the audience became aware of the scene where millions of Black Africans are living with HIV/AIDS when Jammeh announced his treatment program or cure (act); or, the audience could at least make that connection that Jammeh (agent) was responding to the scene of devastation caused by HIV/AIDS by using a scientific method of cure (agency). Jammeh revealed a scientific method of cure (agency) via which he administered his treatment (act). In this regard, without explicit reference to the HIV/AIDS situation, the audience could appreciate Jammeh’ purpose as an effort to save PLWHAs in Sub-Saharan Africa and elsewhere around the world.

In Jammeh’s audience, at his high profile cabinet meeting, were the vice-president of the Gambia, secretaries of state, ambassadors of Cuba and Taiwan, and Rose Clair
Charles, a representative of a local HIV/AIDS group known as Santa Yalla. Jammeh pointed out:

You will wonder why I called you [in reference to the vice-president, secretaries of state, and many dignitaries] including the two ambassadors from Cuba and Taiwan. I called the two ambassadors and of course Rose Clair Charles because you have a direct link with the health delivery system of the country [in reference to the Gambia]. You know that Cuba is a key partner in our health sector and Taiwan is the force behind the Medical team in the Gambia. (Government of the Gambia, 2007, January 18, para. 2)

In the above excerpt, Jammeh explained why he invited the ambassadors of Cuba and Taiwan, and Rose Clair Charles (this is given an extended treatment in the ensuing sections to prevent repetition).

Having set the stage for the drama, Jammeh (agent) proceeded to invoke his past healing exploits, which he claimed were done in confidence, in an address to his august audience. Jammeh did this through the sharing of stories with the audience. These stories also helped him bolster his credibility as a healer. Jammeh reveals:

Since 1994, there are many Gambians who know what I can do. A lot of people have been treated in silence or under conditions of strict confidentiality. One would wonder why I start giving medicine to the public and all of a sudden stopped. (Government of Gambia, 2007, January 18, para. 4)

From the above statement, it can be inferred that Jammeh (agent), a known soldier, is also a healer of some sort. To those unaware of Jammeh’s healing exploits, the
dramatic element of such a claim will not be lost. Jammeh reminded the audience that there are many out there who were already aware of his healing abilities and programs. Jammeh pointed out “people were saying ‘well, the president. This is what he does. He will introduce very effective medicines and all of a sudden it will die down and we will not have access to him,’” in reference to himself (Government of the Gambia, 2007, January 18, para. 4). Jammeh employed the purported favorable comments from those aware of his healing exploits as proof of his healing capabilities to set those unaware of his exploits at ease. According to Jammeh, he has been receiving queries from those who were aware of his healing exploits, demanding to know why all of sudden he stopped giving out his herbal concoctions. The understanding here is that some members of the audience were already aware of Jammeh’s healing expertise. Thus, those who were in the dark about his healing exploits should not be doubtful; they should rather acquaint themselves with his healing program (act) and take advantage of it if they are living with HIV/AIDS.

Further to the above, Jammeh explained that he did not have the mandate to perform his healing program publicly. Jammeh stated that “I had to work on instructions… [Until] I have the permission to do it publicly” (Government of the Gambia, 2007, January 18, para. 5). Even though Jammeh failed to identify who placed the restrictions on him, the audience could interpret this as the experimental phase of any drug trial before any drug is finally made available for public consumption. This interpretation fits within the wider context of the scientific procedures Jammeh invoked.
in the artifact under analysis. For some audience members, Jammeh’s failure to explain the source of the restriction can serve a source of heightened suspense in this drama.

Because the notion of credibility is so essential to Jammeh, he did not announce his HIV/AIDS claims at this point. Jammeh, in furtherance of his ethos, also reminded his audience of his public act of selling some herbal medicines at the July 22 Square and the Serrekunda police station. In this disclosure, Jammeh pointed out “I have other medicinal herbs that can take care of a number of illnesses. One of it was the one that was sold publicly at the July 22 Square and the Serrekunda police station [Sic]” (Government of the Gambia, 2007, January 18, para.6). Jammeh was aware that, if his therapeutic program was to become acceptable among his audience as a better alternative to ARVs he was about to condemn, people would want to know what he, Jammeh, had done in the past with regard to the health and healing of his people. Jammeh delayed his announcement for the cure of HIV/AIDS and only made these general assertions invoking his past healing exploits.

After Jammeh established his credibility with these stories, Jammeh invoked scientific methods into his healing process and revealed his ability to cure HIV/AIDS. Jammeh pointed out:

Now I have the mandate to publicly treat all the diseases on condition that the patient will be treated publicly. In fact, the first and the most important condition is that the person must be diagnosed by a medical practitioner or a medical institution. I am not authorized to treat anybody who just feels sick without a doctor’s confirmation. I can treat asthma and HIV/AIDS and the cure is a day’s
treatment. Within three days the person should be tested again and I can tell you that he or she will be negative. After the treatment, they have to go to the RVTH for a test again. (Government of the Gambia, 2007, January 18, para. 7)

Jammeh established a firm scientific basis for his cure (act). For Jammeh, to the extent that he observed what he deemed the fundamental requirements of the scientific procedure (agency), he could perform his healing programs (acts) publicly. To this end, Jammeh announced his ability to cure HIV/AIDS. In this regard, Jammeh employed identification, stories of his past healing exploits, and known scientific procedures—pretest, posttest, confirmation or disconfirmation—to underscore his credibility as a healer.

According to Hartelius (2011), the claim to expertise is a rhetorical act whereby individual experts negotiate for recognition, legitimation, and acceptance in the public sphere. Hartelius (2011) pointed out that traditional notions such as persuasion, invention, performance, ethos, identification, and audience’s role are all important to the success of negotiating rhetorical expertise. By employing the known scientific procedures, stories of his past healing exploits, and coming to the rescue of Black Africans living with HIV/AIDS, Jammeh did not only employ identification with PLWHAs, he also used eunoia, or what Aristotle described as goodwill toward the audience (Garver, 1994), to underscore his credibility (ethos) as an expert healer in the eyes of the public.

Considering the stigmatizing consequences of HIV/AIDS for PLWHAs, for president Jammeh to take the trouble to come to their aid (the aid of PLWHAs) by treating them personally, PLWHAs would consider Jammeh’s act a noble one. For that
matter, they would identify with Jammeh’s cause. According to Burke (1969a), “you persuade a man only insofar as you can talk his language by speech, gesture, tonality, order, image, attitude, idea, identifying yours with his” (p. 55). In this regard, PLWHAs, individuals who are stigmatized, can see themselves being treated by the president who has established his expertise and demonstrated eunoia, or attitudes of goodwill, toward them.

On his way to becoming the hero-agent of the scene of devastation, Jammeh was aware that he would have to contend with oppositional forces in order to conquer the scene and save Black Africans from the ravages of HIV/AIDS. To this end, Jammeh (agent) took the necessary precautions to forestall any clandestine activities of those oppositional forces that might want to frustrate his efforts by either contaminating his agency or plagiarizing it. Jammeh pointed out “I don’t want to give my medicine to a wrong person ... I have to work with a team of doctors that I can trust. Doctors who will not sabotage my treatment. That does not mean that I will give them the medicine” (Government of the Gambia, 2007, January 18, para. 7). From the above statement, Jammeh recognized unfriendly or hostile forces that are unhappy that he has found a cure for HIV/AIDS, a cure (act) that would save Black Africans and bring about the fulfillment of Jammeh’s purpose.

Even though Jammeh did not reveal those who can potentially sabotage his cure for HIV/AIDS, Jammeh’s audience can interpret that assertion in two ways. First, the audience can interpret the statement as individuals who may want to plagiarize or steal his ideas and claim ownership for them. This way of interpretation would be similar to
the acrimonious dispute that had dogged Robert Gallo and Luc Montagnier for a long time over who actually discovered HIV/AIDS (Bazell, 2008). Second, the audience can interpret the claim as adversaries who are unhappy that Jammeh has found a cure for HIV/AIDS—a cure that would save Black Africans from the devastating effects of HIV/AIDS—so they would attempt to scuttle Jammeh’s cure for HIV/AIDS. In this case, Jammeh’s adversaries would defeat the purpose of the agent in saving the millions of Black Africans who are dying of HIV/AIDS.

For the above reasons, Jammeh decided not to hand over his scientific method of cure (agency) or the healing program (act) itself to any independent institution or individuals. This decision sidesteps the scientific process Jammeh invoked. The scientific process would require Jammeh to submit to an independent review or a double blind experiment. Jammeh, thus, refused to cede his scientific cure or treatment program to any one or any independent institution.

From announcing his cure for HIV/AIDS, Jammeh proceeded to delineate the dos and the don’ts of his HIV/AIDS cure program. Jammeh also debunked any assertions that he might be staging a show for popularity. “It is not a treatment that I speculate on. I am not doing it for money or for popularity. The mandate I have is that HIV/AIDS cases can be treated on Thursdays… I cannot treat more than ten people on every Thursday,” he explained (Government of the Gambia, 2007, January 18, para. 7). Jammeh further revealed:

They [PLWHAs] can eat before coming [in apparent reference to coming for treatment] but they should not eat anything oily. The medicine will be given to
them in the morning as a preliminary and after, they can eat and in the evening they take it again. Once that is done, they cannot eat anything else the following day. They may be hungry and thirsty but they have to bear it [Sic.]. (Government of the Gambia, 2007, January 18, para. 9)

Furthermore, Jammeh employed the bureaucratic system of his country to support his claim and placed a strict requirement on PLWHAs to agree to a public treatment program. Jammeh pointed out:

We want to see how we can work with the RVTH to see where these people can be kept until the following morning…anybody who says he will not be treated publicly should stay away because I have to fulfill the conditions and I will not take risks for anybody. (Government of the Gambia, 2007, January 18, para. 10 & 11)

After establishing his ethos, delineating his treatment program, and outlining the dos and the don’ts of his healing program, Jammeh (agent) declared himself a physician in line with Hartelius (2011) concept of rhetorical expertise as a negotiated process within the public sphere. By doing all the above, Jammeh convinced himself that he has passed the litmus test of doing what biomedicine has failed to do. At this stage, Jammeh rejected the title of a witch doctor—as soothsayers, clairvoyants, and seers are sometimes referred to in African communities. To Jammeh, his ability to cure HIV/AIDS makes him a doctor. Jammeh revealed “I am not a witch doctor and in fact you cannot have a witch doctor. You are either a witch or a doctor” (Government of the Gambia, 2007, January
18, para. 11). The point is that, as an agent, Jammeh is an expert physician with the capacity to use scientific methods (agency), as in biomedicine, to cure (act) PLWHAs.

The claim by Jammeh to have a cure for HIV/AIDS attracted an avalanche of condemnations from the Gambia and beyond. The U.N.D.P coordinator in the Gambia, Fadzai Gwaradzimba, described Jammeh’s claim as over and against the biomedical construction of HIV/AIDS. According to Gwaradzimba, “To date, no cure for AIDS has been announced internationally. Once a person has been infected with HIV, he or she remains infected for life” (U.N.D.P. Resident Coordinator, 2007, February 9). The WHO representative in Senegal, Antonio Filipe, also expressed skepticism about Jammeh’s claims. He pointed out that “as the World Health Organization, we would like to state quite clearly the following—No 1: so far there is no cure for AIDS” (Serrano, 2007, February 20). Adding his voice to the denunciation of Jammeh’s claim, a leading South African HIV/AIDS specialist, Jerry Coovadia, pointed out that it was tragic that the Gambia had “a political environment that allows a president to violate every foundation of science and public health” and that “the entire exercise is circumscribed by secrecy—that’s not how science works” (BBC, 2007, February 2).

Even though Jammeh claimed to employ scientific processes in treating PLWHAs, he was condemned for not being scientific by adherents and advocates of biomedicine and the hegemonic science. To Coovadia, Filipe and Gwaradzimba, Jammeh’s claims deviate from the known ways of science.

From the analysis of the artifact, *agency-action* dominates the elements of the speech in this section of the analysis. According to Burke (1945), “pragmatist
philosophies are generated by the featuring of the term, agency… or instrumentalism” as
in John Dewey’s characterization of pragmatist doctrine (p. 275). Burke (1945) further
pointed out that “each philosophy announces some view of human ends, and will require
a corresponding doctrine of means” (p. 275). For Burke (1945) variations in the
philosophies have implications for human ends. It is for this reason why “two men,
performing the same motions side by side, might be said to be performing different acts,
in proportion as they differed in their attitudes toward their work” (p. 276). Since the
philosophies that are driving their actions differ we may “realistically call it one kind of
act to run an elevator under a system of private ownership, and another kind of act to run
that same elevator, by exactly the same routines, under a system of communal
ownership” (p. 276). Viewed from this perspective, then, Jammeh’s scientific method
tends to be superior to the known scientific methods, so it produced results that ARVs
from biomedicine were unable to produce.

From the pragmatist’s point of view, it is not simply a matter of performing the
same task differently with different results. The bottom-line is what difference the results
make in any situation. With reference to William James, Burke (1945) argued that “the
pragmatist evaluates a doctrine by its ‘consequences,’ by what it is ‘good for,’ by ‘the
difference it will make to you and me,’ or by its ‘function,’ or by asking whether it
‘works satisfactorily’” (p. 277). If these questions were put to Jammeh with regard to his
claim of a cure for HIV/AIDS, the answer would certainly be that it makes a big
difference in the lives of Black Africans who are living with HIV/AIDS for him to
employ a unique scientific method in treating them, a method that has produced results Western ARVs have failed to produce.

According to King (2009), similar to Burke (1945), “for those who speak from an agency supreme perspective the system is always the solution” (p. 172). If success and failure are dependent on the method being used, then Jammeh’s scientific method trumps Western biomedical ARVs, since Western ARVs have failed to cure HIV/AIDS while Jammeh’s herbal concoctions did. Foss (1989) argued that “in the agency-act ratio, the concern is with how the means selected for carrying out an act confine and restrict the act in particular ways” (p. 341). In this case, the question arises: what were the constraints within the Western scientific apparatus that inhibited it from producing a cure for HIV/AIDS, a feat Jammeh has successfully accomplished? King (2009) also pointed out that “Pragmatism is the doctrine that the best idea or solution is one that produces the best outcomes. Methods are judged by their consequences” (p. 172). Since the issue at stake is no cure for HIV/AIDS, then, by curing PLWHAs Jammeh’s solution can be deemed the best solution. The implication of this position is that known ARVs on the market from the West have fallen short of what is required to cure HIV/AIDS. To the extent that Jammeh adopted the scientific procedures in treating PLWHAs, performed his treatment programs publicly and en masse, treated ten patients on Thursdays, and rendered these services free-of-charge, Jammeh’s procedures and their outcomes can be valorized over the known scientific procedures that have failed to produce a cure for HIV/AIDS.

Having treated PLWHAs, Jammeh the physician is now in a position to declare the scene of devastation subdued. “Like the dramatist may tell us that the world’s a stage;
the sailor might tell us we’re all afloat; a philosopher, having long thought about thinking, might tell us that God is ‘thought of thought’” (Burke, 1945, p. 280), Jammeh, the physician, tells us HIV/AIDS is no longer an incurable disease. Jammeh’s scientific method effectively subdues the HIV virus and eradicates it from PLWHAs, making his procedures effective.

Burke (1945) warned the critic to look beyond the agency for human influences within the agency. Burke (1945) pointed out that “instruments are ‘essentially’ human, since they are products of human design. And in this respect, the pragmatist featuring of agency seems well equipped to retain a personal ingredient in its circumference of motives” (p. 283). This assertion, coupled with Foss’s (1989) suggestion that, in the search for the motive, ‘the term that is featured prominently usually will not produce a motive that is immediately obvious to the critic” (p. 341), was instructive in making me look beyond Jammeh’s claimed purpose for employing the agency Jammeh employed in treating PLWHAs in the Gambia.

A closer examination of the artifact revealed that, even though Jammeh claimed he is not performing his public healing of PLWHAs for publicity or popularity, Jammeh engaged in such public healing programs to draw attention to his purported cure for HIV/AIDS. Also, Jammeh’s fear of sabotage, for which reason Jammeh refused to submit his healing method (agency) to an independent institution, was a calculated rhetorical act. From Jammeh’s excuse of sabotage, it is clear that Jammeh is aware of the blind review process that required him to hand over his medicine to an independent institution or individuals for testing and legitimization. As a rhetorical move, Jammeh responded to the
exigency of the blind review process through the accusation of a potential sabotage before the audience could raise it as a question. For fear of being sabotaged, Jammeh refused to submit his medical procedures (agency) to anyone. The audience may read this as either the neocolonialists contaminating Jammeh’s procedure and turning around to depict it as a sham or the neocolonialists replicating his ideas and then claiming ownership for them. To this end, Jammeh refused to cede the testing of his herbs to any one or an independent institution.

Further to this, the question of human influence on the agency arises. In this case, what would Jammeh’s influence be on the agency Jammeh chose as a means for his treatment program? To answer this, I return the Burke (1968) who pointed out that “each of our scientific nomenclature suggests its own special range of possible development, with specialists vowed to carry out these terministic possibilities to the extent of their personal ability and technical resources” (p. 19). Could Jammeh have enacted the biomedical scientific process adequately? The answer is certainly no; it is not within Jammeh’s range of capabilities. Jammeh, thus, enacted the possibilities within his capabilities with nomenclatures available within his experience.

4.1.1. Implications of claims and the HIV/AIDS treatment discourse. By accepting Jammeh’s scientific method of cure for HIV/AIDS, Jammeh and his audience would be saying that HIV/AIDS is no long an incurable disease. The implication of that declaration is that, for the millions of PLWHAs in Sub-Saharan Africa and elsewhere, it would take only a visit to the Gambia to attend Jammeh’s treatment program and one
would be cured of the disease. In the same vein, for the uninfected, there would be no need to take any precautions—e.g., abstinence, being faithful to one’s partner, or using condoms in avoiding HIV infection. The known methods of HIV infection, such as MTCT, sexual transmission, injection drug use (IDU), and all forms of blood-related transfusions leading to infection were no longer threats to the survival of Black Africans. This is because, even if one gets infected, there is a cure for the disease through Jammeh’s scientific method. Thus, what once constituted a risky behavior is no longer deemed as such; what once constituted a death penalty is no longer a death penalty. Correspondingly, HIV prevention programs were no longer relevant. As a consequence of this construction, Jammeh and those who accepted his construction of cure were suggesting a terministic shift in the understanding of HIV/AIDS and the science surrounding it in the biomedical model Jammeh tried to replicate.

Furthermore, by accepting Jammeh’s scientific method and its cure, both Jammeh and his audiences are valorizing Jammeh’s scientific method over the known biomedical construction of HIV/AIDS. This was the position the then U.N.D.P coordinator in Gambia, the representative of the WHO in Senegal, and other scientists within the biomedical orientation of HIV/AIDS condemned as unscientific. It was the confidential treatments heralding the public displays of PLWHAs, the public display of PLWHAs, the purported acknowledgements from the public for Jammeh’s potent cure, the claim of medical expertise, and, most of all, the adoption of scientific procedures that Gwaradzimba, Filipe, and Coovadia condemned as deviating from biomedical science. These individuals—we may call them gatekeepers of the institutions they represent—
were explicit in telling Jammeh that his scientific method (agency) of a cure for HIV/AIDS deviated from biomedicine. Specifically, the statements from both Gwaradzimba and Coovadia referred to the unitary and global truth claims of science in rebutting Jammeh’s claims. For Gwaradzimba, “to date, no cure for AIDS has been announced internationally” (U.N.D.P. Resident Coordinator, 2007, February 9); while for Coovadia, “that’s not how science works” (BBC, 2007, February 2). The inference from both statements is that, if Jammeh cannot submit his scientific methods for an independent test, the empiricism and the replicability required of the clinical process cannot be guaranteed. Thus, the counterclaim that Jammeh deviates from the tradition of positivist science as a unitary or universal truth claim (White & Epston, 1990).

Another inference buried in the counterclaims of those with the biomedical orientation is that Jammeh cannot simply claim the expertise of a physician rhetorically. Jammeh needs the rigid professional requirements that lead to the conferment of expertise through training and licensure or accreditation. In this case, the age-old aphorisms of Hippocrates’s and Plato’s are applicable to Jammeh. In Hippocrates’s indictment of charlatans in the medical profession, he pointed out that “all which has been written by doctors or sophist on Nature has more to do with painting than medicine” (p. 202). Similarly, Plato pointed out that “as cookery [is] medicine, so is rhetoric is to justice” (p. 465a). From these quotes, it is inferable that rhetorical claims alone are not enough to claim expertise in the scientific methods Jammeh purports to enact. Hartelius (2011) explained that rhetoric of expertise is not for its own sake, it is because “the public worries that we will be fooled by an imposter” (p. 164). If these aphorisms hold true, then
the claim of medical expertise is not constructed on rhetoric alone but premised on institutional accreditation which bestows duties, responsibilities, and accountabilities on those who claim the title of such expertise.

From the rhetoric of science, there are logical standards that purporting scientific discourse is expected to meet. According to Prelli (1989), “the values embedded in the procedures called ‘scientific method’ identify topical-logical qualities scientific discourse is expected to display and by which the logical legitimacy of scientific claims are judged” for legitimization (p. ix). Prelli (1989) pointed out that the first step towards the scientific process is the identification of exigence—this may be a gap in the collective body of knowledge or a pocket of data unaccounted for by theory, etc. As an informed-scientist focuses what the problem is, it becomes an exigence for which propositions can be established to engender explanation, prediction, and control of the phenomenon at issue. Thus, the exigence becomes a rhetorical exigence for which a “scholar attempts to convince interested colleagues that he or she has a solution” (p. 23). If the question were asked what Jammeh’s exigence was? It would be clear that the lack of cure for HIV/AIDS would be Jammeh’s exigence. But in addressing this exigence, Jammeh failed to enact the scientific method adequately. Enacting the scientific method adequately would mean Jammeh stating the problem in specific ways, adhering to analytical models within the scientific orientation, and following the criteria for evaluation in this model. More so, members of community of interested scientists or scholars must judge the results of Jammeh’s proposition for a cure for HIV/AIDS at professional meetings at which his work is accepted, rejected, or Jammeh is asked for revisions. In this regard,
Jammeh would have been satisfying the principles acceptable to the scientific community.

Jammeh’s scientific method also deviates from the Christian, Islamic, and the Traditional models of understanding HIV/AIDS significantly. This is because all three models do not require any scientific testing procedures to determine the presence of HIV/AIDS before or after treatment. While all three models emphasize supernatural interventions in the treatment process, that is lacking in Jammeh’s treatment inaugural speech in first pentadic act. For example, there are no signs in Jammeh’s rhetoric in classifying HIV/AIDS at this point as an “unnatural disease” or a natural one as in the traditional model (Flint, 2011). Similarly, there are no traces of religious sexual prohibitions, opposition to condom use, or the appeal to the Qur’an or Allah to suggest that Allah or the Qur’an has the remedy for every disease, including HIV/AIDS, as the disease is understood within the Islamic model (al-Jawziyya, 1998). In case of the Christian model, too, there are no traces of Christian values—e.g., propagation of abstinence, opposition to condom use, HIV/AIDS being a punishment from God, and the proposition that “with God nothing (including the cure for HIV/AIDS) is impossible (Togarasei, 2010)—in Jammeh’s speech at this point.

The practices associated with Jammeh’s scientific procedures in treating PLWHAs enact approaches similar to the biomedical model, but Jammeh’s enactments of the biomedical model fall short of standard protocols required for its legitimization. Jammeh’s treatment program, at this juncture, also deviates from the traditional, the Islamic, and the Christian models. Acceptance of Jammeh’s scientific method would
imply or suggest a definitional shift within the biomedical model. The acceptance of this reality would also mean that HIV/AIDS is no longer an incurable disease; it is now a curable disease.

4.2. Black Africans—Victims of Western Biological Warfare

Since Jammeh’s claim of a cure for HIV/AIDS attracted condemnation from the then U.N.D.P. coordinator in the Gambia, the then representative of the WHO in Senegal, and members of the general public, Jammeh chose to address those who condemned his cure for HIV/AIDS by revealing the origin and spread of HIV/AIDS in Sub-Saharan Africa on the occasion of the discharges of the first batch of PLWHAs Jammeh purportedly treated. In Jammeh’s speeches concerning the origin of the HIV virus and spread of the virus, the following elements are identifiable:

Agent: Neocolonialist West

Scene: Black African Bodies living with HIV/AIDS

Agency: HIV virus

Act: Biological warfare against Black Africans

Purpose: To annihilate Black Africans

In describing the HIV/AIDS situation, Jammeh established a scene where the neocolonialist West created the HIV virus for the purpose of annihilating Black African bodies. In this case, it is not the scene that is controlling the other elements of the speeches. Jammeh created a drama where the purpose of the neocolonialist West to annihilate Black African bodies controls the other elements of this pentad. It is the
purpose that drove the neocolonialist West to consider using HIV/AIDS as a biological weapon against Black African bodies. In Jammeh’s estimation, the act, scene, and the agency are all products of the purpose of a diabolic agent. At this juncture, the audience becomes fully aware that Jammeh’s claim for a cure in the first pentadic act was in response to the annihilating purpose of the neocolonialist West (unstated in Jammeh’s treatment inaugural speech, or the first pentadic act, but becomes explicitly stated in the discharge of the first batch of PLWHAs Jammeh treated).

To Jammeh, if the purpose was good the act would be good, too. But since the purpose was evil, the act that followed was also restricted to an evil act. In apparent reference to the neocolonialist West, Jammeh pointed out that “those who produced AIDS to kill Africans (blacks) are the ones crying out loud about doing something about AIDS in Africa” (Government of the Gambia, 2007, June 17, papa. 9). By identifying the West as the originators of the virus, Jammeh scapegoated the West as responsible for the suffering of the millions of Black Africans and many others living with the disease elsewhere. To Jammeh, without the hidden hands of the neocolonialist West, there would not be any scene of devastation with a huge number of Black Africans living with HIV/AIDS in the first place.

Jammeh’s claim, thus, functions to reveal the origin of the disease. In Jammeh’s depiction, there is nothing natural about the origin and existence of the disease as Western science suggests. It was through the diabolic engineering of the neocolonialist West that the disease came into being. That is why it is hypocritical on the part of the neocolonialist West to pretend as if HIV is simply an accident of history. From this
position, Jammeh rejected all other theories—the natural transfer theory and the purported Congo-jungle-accident theory—which explain the origin of the disease. Even though Jammeh failed to reveal the exact mechanisms the West employed in producing the virus, the audience can read the text as implying a laboratory engineering of the disease for diabolic purposes. Jammeh pointed out that “the acronyms of AIDS tells you the origin of the virus. If you create a virus, no matter how you manipulate it, there is the danger that it can run out of control” (Government of the Gambia, 2007, June 17, para. 19). Jammeh’s idea is that there is nothing about the word “acquired” to suggest something natural or accidental about the virus. To Jammeh, acquired implies the conscious efforts and manipulation of a human agent in the development of the disease, implying biological or chemical engineering of the disease by the neocolonialist West. To Jammeh, the fact that Black Africans are living with the disease in disproportionate numbers compared to all other races should reveal to any close observer that the disease was created by the West to annihilate Black Africans. Jammeh pointed out “HIV/AIDS … has exposed the hypocrisy and the lip service that the Western world is putting on today. Let us ask ourselves as Africans and non-Europeans, why is AIDS killing more Blacks than the rest of humanity?” (Government of the Gambia, 2007, June 17, para. 5). This rhetorical question is meant to probe the conscience of Black Africans to begin to ask why? To Jammeh, it is simply hypocritical to create the disease to destroy a particular group of people and suggest farfetched sources for the origin of the disease. If HIV/AIDS were natural, it would affect both Blacks and Whites in equal proportions, Jammeh suggested using a comparative device. To Jammeh, because those who created HIV have
antidotes for it, they are protected against its devastating effects. This situation, thus, leaves those who have been targeted by the neocolonialist West (agents) with the disease to face the full depredations of the disease in line with the purpose of the neocolonialist West.

To audience members who might still entertain doubts about Jammeh’s claims, Jammeh did not only compare the casualty rates between Blacks and Whites, Jammeh also compared variations in fatality rates between Blacks and Whites with regard to other diseases. To Jammeh, “malaria kills both Black and White, Asthma attacks both Black and White in equal numbers. In fact malaria is more devastating to the White race than we the Blacks,” so why should HIV/AIDS infect more Black Africans than any other race? (Government of the Gambia, 2007, June 17, para. 5). To Jammeh, if both Blacks and Whites are equally vulnerable to other diseases in equal measures, and in some cases even the White race being more vulnerable to some diseases than Blacks, why should Black Africans be disproportionately affected in greater numbers by HIV/AIDS than any other race? For Jammeh, it is simply because the HIV virus, unlike malaria and asthma, was created by the neocolonialists for the destruction of Black Africans. The disproportionate effects of HIV/AIDS and other disease on Black and Whites justify Jammeh’s conviction that the hidden hands of the neocolonialist West is at work through a biological warfare against Black Africans.

Furthermore, Jammeh did not only think there was a recondite hand at play in the origin of the disease, but Jammeh is also convinced that that HIV/AIDS infection rates are quoted arbitrarily or hyped by the neocolonialists to denigrate and dehumanize Black
African bodies. According to Jammeh, any time the issue of HIV/AIDS is “mentioned by the international Western press…when they tell you that 20 million people are suffering from AIDS, they will tell you that 19-million live in Sub-Saharan, that is the black people [sic]” (Government of the Gambia, 2007, June 17, para. 5). Jammeh is convinced that these forms of framing and representation tie-in with the overall purpose of annihilation. If you cannot annihilate them completely, you can at least use the power of the media to denigrate them towards the larger purpose of annihilation. To Jammeh, people do not even realize that it has been the discretion of the colonialists to frame and represent people without being questioned, and the framing and representation of HIV/AIDS would not be any different from the historical frames and representation. According to Jammeh “people don’t even know what Sub-Saharan means. It is a discretion that European found when they came to Africa [Sic],” he pointed out (Government of the Gambia, 2007, June 17, para. 3). Even though some of Jammeh’s sentences lack coherence, mostly, taken in stride with the overall artifacts, there is no other way to read and interpret the foregoing excerpt than the suggested meaning with regard to framing and representation of the HIV/AIDS scene in Sub-Saharan Africa.

To Jammeh, these forms of representation have been the preserve, or the discretion, of the West since their arrival on the continent of Africa. To Jammeh, anything framed and represented by the neocolonialist West becomes the gospel truth. From the framing and naming of Sub-Saharan Africa to the framing and representation of HIV/AIDS, no one has questioned Western discretion. According to Jammeh, “now everybody believes the statistics the Western press gives about Africa. They have shown
all laboratory evidence to back their claim that in some countries, 3 out of 4 nationals are HIV positive” (Government of the Gambia, 2007, June 17, para. 6). To Jammeh, these frames—whether accurate or inaccurate—become the filters via which people, including Africans themselves, perceive the African. To Jammeh, these statistics are flawed and would only be flaunted by a neocolonialist press that is up to mischief, based on its ultimate purpose of annihilation. Jammeh’s notion is that, if you can frame and represent them as unhealthy bodies, then you can denigrate and dehumanize them toward the larger goal of annihilation. To Jammeh, these are not normal situations.

To Jammeh, these frames and representations do not depart from the overall purpose of annihilating Black African bodies. First, the disease was created by a diabolic agent who has been successful in infecting Black African bodies with the disease. The agent then turned around and projected the devastation and the pain of the scene to the world to denigrate and dehumanize the victims. To Jammeh, the question is “why can’t the UNAIDS and the WHO accept laboratory tests [purportedly coming from Jammeh] that are more evidently proven? Why can’t they embrace any attempt that shows positive that AIDS can be taken care of?” (Government of the Gambia, 2007, June 17, para. 6). To Jammeh, the answer is that, by framing and representing positive attempts coming from the Gambia or Sub-Saharan Africa, that would demonstrate that there are signs from the continent that AIDS can be taken care of, and that would defeat the neocolonialists’ grand agenda of annihilation. Thus, the neocolonialists—through its press—stigmatized and devalued Black African bodies and identities before the rest of the world, ignoring positive efforts from the local front at curing HIV/AIDS.
Notably, the way Jammeh framed Western representation of HIV/AIDS in Sub-Saharan Africa is in tandem with Mbeki’s representation of the disease. Mbeki pointed out that “AIDS has fallen victim to the same process that has bedeviled health under capitalism, where medical facts are often over-dramatized for the sake of making huge profits for the drug industry” in apparent reference to Western pharmaceuticals (Kenyon, 2008, p. 30). For Mbeki, “the HIV/AIDS thesis… is informed by deeply entrenched and centuries-old white racist beliefs and concepts about Africans and black people…as soon as HIV testing is outlawed and ARVs use are terminated” the disease would go away (Kenyon, 2008, p. 31). The similarities between the rhetoric of the two leaders cannot be ignored. The variations are simply that while Jammeh placed a number on these representations, Mbeki did not, but the general tempo of both rhetoric is the same.

Returning to Jammeh, while Jammeh stated that Western media depicted HIV/AIDS prevalent rates as three-quarters of the population in some Sub-Saharan countries, this figure cannot be reconciled with even the realities of the hardest-hit countries. In the worst case scenarios of South Africa, Botswana, Swaziland, and Lesotho, the infection rates only came close to one-quarter and one-third of the population in some cases, but not three-quarters, as Jammeh suggested. Whereas Jammeh’s employment of these figures may be considered an exaggeration, as a rhetorical device and should not be taken literally, the figures are in tandem with other unproven aspects of Jammeh’s discourse. This absurd representation, thus, added to the fear and panic that Jammeh tried to invoke within his conspiratorial explanations. For example, Jammeh suggested that there are people out there with the purpose of fooling
PLWHAs in order to take their blood samples for diabolic purposes. Jammeh warned “if someone comes to fool you and say let me take your blood sample, and you allow the person to tamper with your blood system, if you are re-infected, I will not treat you” (Government of the Gambia, 2007, June 19, para. 17). When in fact there is no evidence to the effect that there are people out their seeking to infect PLWHAs Jammeh claimed to have cured.

Jammeh also asserted that the neocolonialist West could not have acted alone in its endeavor to annihilate Black Africans. According to Jammeh, “the UNAIDS and WHO accepted the figures [purportedly presented to them by the neocolonialist West]. So, why can’t the UNAIDS and WHO accept the laboratory test that are more evident proven [in reference to his own test conducted for PLWHAs] than what these people are claiming because our resources is tested in a modern laboratory… [Sic]” Jammeh quizzed (Government of the Gambia, 2007, June 17, para. 6). Jammeh implicated the WHO and the UNAIDS—global institutions at the forefront of the HIV/AIDS discourse—as part of the neocolonialists conspiracy to destroy Black Africans. Jammeh wondered why the UNAIDS and WHO would accept those erroneous figures quoted by the Western press which is on a mission to destroy Black Africans. To Jammeh, the concerns being raised by the UNAIDs and WHO about the efficacy of his therapy are only a façade to demonstrate they care about Black Africans; when indeed, they are in cahoots with the West to destroy Black Africans. To Jammeh, if they were interested in the health and welfare of Black Africans, they would have intervened by encouraging laboratory testing and confirmation for his herbal concoctions or they would have been interested in
promoting his herbal concoctions. Instead, they are rather looking for ways to thwart his efforts. “Yes you will be surprised to know that the WHO and the UNAIDS have given endless problems to the laboratory that tested the blood samples and proven that the medicine is effective [Sic],” Jammeh revealed (para. 8).

Jammeh likened the hypocrisy of the West and the UNAIDS and WHO (agents) to witches who kill people in his own society and pretend to be mourning the very persons they killed by crying, so the unsuspecting would be deluded from attributing culpability of murder to them. Jammeh pointed out that “when someone dies and it is claimed that the person may be killed by witchcrafts, even though those who are suspected of killing the person cry the most” it is only a subterfuge to evade being held responsible for the killing (para. 8). The origin of HIV/AIDS, its spread, and the destruction it has caused among Black Africans are, thus, the responsibility of the collective destructive mechanisms of the neocolonialist West—the Western press as a propaganda machinery, and the WHO and UNAIDS as smokescreens used by the West to dictate its agenda. In this regard, by the ambiguity of language, the WHO and the UNAIDS are simply part of the conspiracy as agents acting in concert with the West.

Questions of the WHO and UNAIDS being multinational organizations, recruiting citizens from even Jammeh’s own country, and questions of the exact modus operandi of the West are never answered by Jammeh. As part of the conspiratorial scheme, they are left for the audience to figure out. The scapegoat in chief for the origin and spread of the HIV/AIDS is, thus, the neocolonialist West whose purpose has never been good toward the Black African, Jammeh suggested.
Jammeh argued that the disorder created by these interruptions is so chaotic that Black Africans cannot even see the pain others are inflicting on them through HIV/AIDS. It is for this reason that Jammeh stepped into the fray to reverse the scene of devastation and to scuttle the purpose of the neocolonialists, a situation which would purify PLWHAs, drive away the stigma and restore the identities of Black Africans living with HIV/AIDS.

Whereas the disease was created for the destruction of Black Africans, Jammeh is convinced that it would not be very long before the monster turns on those who created the disease for destructive purposes. Jammeh stated:

Because the virus has been created to kill non-Whites…the acronyms of AIDS tell you the origin of the virus. If you create a virus, no matter how you manipulate it, there is the danger that it can run out of control. Those who believe AIDS will kill only Africans, let’s wait and for the next five years and see. (Government of the Gambia, 2007, June 17, para. 19)

Jammeh’s prediction of the Frankenstein effect on the originators is a clear rhetorical move to deflect any question regarding the effects of HIV/AIDS on non-Black populations. This statement might help to explain why there are high prevalence rates of HIV/AIDS among White MSMs in North America and elsewhere than among Black MSMs.

From the above portrayals of the origin of the virus, Jammeh brings himself in line with those who attribute conspiratorial origins to the virus—for example, ANC leaders in South Africa during apartheid, Bill Cosby, Spike Lee, Kool Moe Dee, Louis 151
Farrakhan, and Steven Cokely, among others. Specifically, Farrakhan accused the U.S. government of shipping a billion units of the virus to Africa to annihilate the entire continent’s population (Pipes, 1997). Similarly, dating back to the 1980s, suspicions were rife among the African National Congress (ANC) leadership that the HIV virus was a product of U.S. military conspiracy. It was also thought among the ANC leadership that the apartheid regime of South Africa created the disease to decimate African populations in order to appropriate Africa’s wealth (Nxumalo, 1988b; Rodlach, 2006).

In this regard, Jammeh’s claims depart from the natural transfer theory which postulates that the disease originated from chimpanzees and sooty mangabey monkeys and entered the human population via monkey-eating humans and other developments—urbanization, migration, and mass immunization exercises—from the late nineteenth century and the early twentieth centuries. Some members of Jammeh’s audience can make sense of these historical events and accept his conspiratorial claims of origin for the disease. For individuals who accept Jammeh’s claims, the purpose-driven agent—the neocolonialist west—never departs from its purpose of destruction. Its diabolic purpose is all-pervasive—e.g., the imperial exploits of slavery, colonialism, and the use of bio warfare as a manifestation of neocolonialism—in the history of global interaction, as suggested by Hooper (1990), Pascal (1991), and Kyle (1992). Jammeh, thus, falls in line with this group of individuals who are convinced that HIV is man-made with destructive purposes rather than simply an accident of human history.

Jammeh invited his audience—Black Africans—who are targets for annihilation to see through the hypocrisy of the neocolonialist West. This is an invitation to consider
the aim of the neocolonialists critically. If you are a Black African, you must be able to answer the question of why HIV is more devastating to Black Africans than Whites. Burke (1957) pointed out that the scene of frustration leads to self-questioning. By this act of self-questioning, those who accept Jammeh’s depictions or suggested answers to the origin and the existence of the virus would naturally be primed to begin to see the existence of the disease as a weapon of the neocolonialists for the destruction of Black Africans. In this regard, Jammeh’s HIV origin depiction does not only function to reveal what is conspiratorial, but it also functions to apportion blame for the existence of the disease in ways that are we versus them in character. Burke (1970) pointed out that “[I]f one can hand over his infirmities to a vessel, or “cause,” outside the self, one can battle an external enemy instead of battling the enemy within. And the greater one's internal inadequacies, the greater amount of evils one can load upon the back of "the enemy"” (p. 203).

The inference is that Black Africans who are living with the disease are not the ones who brought the disease upon themselves by their own choices; they are only innocent victims of Western neocolonial aggression and machination. In this case, Jammeh rejected personal responsibility for those living with the disease. In Jammeh’s view, without the secret actions of the West, there would not have been any HIV/AIDS in the first place. Being a Black African, a non-European or non-White, you must understand that your common enemy is the neocolonialist West who is finding ways to annihilate you, Jammeh suggested. The scene of Black African bodies living with
HIV/AIDS is, thus, a product of the neocolonialist West, who employs HIV/AIDS as a means (agency) of biological warfare (act) to annihilate Black Africans (purpose).

The depiction of the origin of the virus in this way functions rhetorically to unite Black Africans, especially those living with the disease, against the neocolonialist West. That is, Black Africans and all those living with the disease must unite against the evil neocolonialist West in order to defeat them. The point is that if you care about the welfare of your race then you must join the crusade against the neocolonialists.

Kenneth Burke argued that identification is the essence of persuasion. This notion is in line with Aristotle’s view that shared stories are powerful for community formation through which we come to identify with one another (King, 2009). To the extent that Jammeh’s narrative triggers identification in his audience (Black Africans) to see themselves at risk (both those living with HIV/AIDS and the uninfected), Jammeh unites them against a common enemy (the neocolonialist West). By uniting them to act together, Jammeh invites consubstantiality by awakening the consciousness of the Black African to join the fight against the West or perish.

Jammeh disclosed to his audience that if they do not have the eyes to see through the veils, by the power of the Almighty Allah and the Holy Qur’an, he has seen what is at stake, and will ensure that what was hidden from them would be revealed to them to expose the wicked intentions of the enemy. Jammeh revealed “I Yahya Jammeh, my name is in the Holy Qur’an….And in the Holy Qur’an, it is stated that ‘Ya yahya’ meaning Yahya hold on to the Holy Qur’an and make sure the truth prevails [Sic]” (Government of the Gambia, 2007, June 17, para. 7). To Jammeh, you must be endowed
with the spiritual eyes that he, Jammeh, alone is endowed with to be able to see through the veil. For there is much to what is going on than meets the eye, Jammeh told his audience. At this juncture, Jammeh began to reveal his revelatory orientation to his understanding of HIV/AIDS, which is absent in the first pentadic act.

For those still in doubt, Jammeh asked them to turn around and take a look at the HIV/AIDS and ARVs situations in Sub-Saharan Africa. If the numbers do not reveal anything to them as observers, then Black Africans need to open their eyes more to see beyond the veil. But as far as he, Jammeh, is concerned, he would reveal the hidden truths about the disease. By saying so, Jammeh also assured his audience through these shared narratives of disaster and suspicion that all is not lost, but there is a mighty power—the Almighty Allah and the Holy Qur’an—that can help them uncover the mysteries surrounding the virus to ensure that the truth about its origin and existence prevails.

By uncovering the secret agendas of the neocolonialist West and going ahead to reveal them, Jammeh is on his way to becoming the counter-agency via which the Almighty Allah would rescue the Black race and save the day. The point is that, if not for his powers of understanding conferred on him by the Almighty Allah and his boldness in revealing these secrets, Black Africans—especially PLWHAs—would have been living silently in pain without any idea where their suffering came from. At this juncture, Jammeh elevated himself to the status of Allah’s agency via which the Almighty Allah would counter the wicked intentions of the West. Jammeh is, however, aware that to become the counter-agency of Allah, who would subdue the scene of devastation, there
are challenges he has to face. But by the power of the Almighty Allah Jammeh is ready to take the cross for his people and fight the neocolonialists. Jammeh pointed out that “I am not afraid of anything except the Almighty Allah” (Government of the Gambia, 2007, June 17, para. 7). To Jammeh, if the Almighty Allah can reveal the source of the virus that has claimed the lives of many people within his racial group, then the same Allah would protect him or shield him from harm while he fights the disease and reverses the scene of devastation.

With regard to the spread of the disease, Jammeh depicted two possible modes of infection: one in line with his conspiratorial claims and the other in line with one of the known sexual forms of transmission, based on the scientific understanding of the spread of the disease. In line with Jammeh’s conspiratorial claims, the audience can understand his views concerning the spread of HIV through his advice for patients he purportedly treated. On the day of their discharge, Jammeh warned those he purportedly treated to be aware that the tentacles of the neocolonial enemy is all-ubiquitous. According to Jammeh, “to those discharged…if someone comes to fool you and say let me take your blood sample, and you allow the person to tamper with your blood system, if you are re-infected, I will not treat you” (Government of the Gambia, 2007, June 17, para. 16).

From the above depiction, it is inferable that Jammeh is convinced that the neocolonial influences are all-pervasive. Thus, the neocolonial West has the potential to contaminate the blood of those he has treated. The point is that, since the efficacy of his therapy is still in dispute, Jemmeh conjectured a situation whereby those he has treated and discharged may be approached by Western agents who may lure them to undergo a
confirmatory test under the gaze of Western medicine for the confirmation of disease presence or otherwise. In this process, they may re-infect the individual he, Jammeh, has cured and use the individual as a poster child to sabotage his claim of a cure for HIV/AIDS. From this representation, the audience can understand Jammeh’s faithfulness to his terministic lens with regard to his construction of the origin of the disease and its modes of transmission which are conspiratorial.

While this way of depicting the transmission of the disease integrates one of the three modes of transmission of the disease—syringe use and other forms of transfusions—from the biomedical construction of HIV infection—Jammeh depicted the clinical process in the biomedical realm as fraught with the potential of being exploited by the neocolonialist West for its purpose of annihilation. By so doing, Jammeh neglects injection drug use (IDU) for pleasurable sharing and bonding (being in the realm of personal decisions undergirded by co-subjectivity and inter-subjectivity), not an action of the neocolonialist West.

Concerning the sexual transmission, however, Jammeh acknowledges the possibilities of infection through sexual contact. Again Jammeh warned:

Some of you have partners that refuse to be tested. As a Muslim, I should not tell you what you should do in your mind…if you want to take the risk and sleep with that partner, it is your problem. As I said, my treatment is not a vaccination against re-infection. (Government of the Gambia, 2007, June 17)

From the foregoing, coupled with Jammeh’s avowed aversion for gays and lesbians (based on his public pronouncements and enactment of laws to punish such
practices), it is suggestible that Jammeh acknowledges sexual transmission of the disease in addition to his conspiratorial views of the transmission of the disease. Although Jammeh failed to address mother-to-child-transmission of the disease (MTCT) in his depiction of HIV transmission routes, this can be explained by his claim of a cure for the disease. The point is that if there is a cure for the disease then, apparently, mothers who are living with the disease can be cured of the disease before they give birth. In this case, there would not be anything like MTCT. Even though Jammeh failed to state this in his speeches, it is possible for the audience to read his artifacts as such.

If viewed from the conspiratorial perspectives of transmission and spread of the disease, Jammeh exonerated Black Africans from responsibility of HIV infection and laid the blame at the doorsteps of the neocolonialist West. However, if viewed from Jammeh’s sexual premonition for those he has cured, then Jammeh is warning those cured and the uninfected to take responsibility for their lives as agents who are responsible for their own destinies. Jammeh counselled those he has cured of the disease by pointing out that “as a Muslim, I should not tell you what you should do in your mind... If you want to take the risk and sleep with that partner, it is your problem,” in apparent reference to the sexual transmission of the disease (Government of the Gambia, 2007, June 17, para. 17).

Overall, viewing the disease from its genesis, Jammeh seemed to be telling his audience that if the disease was not created in the first place, there would not have been any transmission. Thus, Black Africans are simply victims of neocolonial aggression toward the goal of Western annihilation. Since Jammeh’s conspiratorial views are
overwhelmingly dominant across the artifact, that will be more consistent with Jammeh’s scapegoating of the West.

While the origin of the disease will continue to be a battleground of views and counterviews or controversies, evidence abounds that certain human practices predispose certain populations to contract the disease than others. For Sub-Saharan Africa, sexual activities—concurrent relationships, polygamy, and prostitution—are recorded as the commonest route to contracting the disease (Epstein, 2007). But being a Muslim and a polygamist, it is apparent that Jammeh would ignore the realities of what social science unravels about the spread of the disease, especially as that may be counterproductive to his terministic screen.

From the guilt, pain, stigmatization, and the desperation HIV/AIDS has brought upon Black Africans, their personhood, their self-confidence, and their identity, there is the need for the purification of the stigma, the pain, and the reversal of the scene. It is, thus, the duty of Jammeh—who would be used by the Almighty Allah as counter-agency to scuttle the purpose of the West—to cure his people, cleanse their stigmatized images, and restore their identities (see pentadic act four for full discussion on Jammeh as agency). Jammeh promised to do all that to reverse the situation. Jammeh pointed out:

I will get rid of the AIDS virus in their bodies. Those who we think the virus is finished in their body, are those discharged…if you even have 10 copies in your body, I will not let you go until these 10 copies are eliminated from your body. (Government of the Gambia, 2007, June 17, para. 15)
After scapegoating the neocolonialist West in the previous pages, Jammeh purifies PLWHAs and relieves them of personal responsibility for contracting the disease. From this form of division, Jammeh places Black Africans in direct contrast with the West. This creates identification among Blacks Africans for the consummation of consubstantiality. The division is evident—if you are a Black African, you must identify with Jammeh’s cause as an endangered species. You fail to wake up to Jammeh’s call at your own risk. Thus, if avoidance of pain, risk, and humiliation is natural to all persons, then Black Africans must naturally gravitate toward Jammeh because Jammeh offers hope, succor, and protection from the onslaught of the neocolonialist West. In Burke’s (1968) words, “If order, then guilt; if guilt, then the need for redemption … Or: If action, then drama; if drama, then conflict; if conflict, then victimage” (p. 450).

With the attribution of purpose (a diabolic one, for that matter) as the dominant element of Western-driven actions, Jammeh is convinced that he has answered the question of why for Western actions. Fay and Kuyper (2012) pointed out that there is a moralistic requirement to advocate why an action should be taken or should not be taken. This is consonant with Burke (1969), who pointed out that purpose provides the reason and the value behind action. Hence, to Burke (1969), just like Fay and Kuyper (2012), purpose is of moral significance. To Jammeh, if Western acts are immoral, then exposing them should attract the sympathies of the audience who should turn to him, Jammeh.

From the above analysis, purpose-act is the controlling element of the speeches. Since annihilation (purpose) corresponds with biological warfare (act), purpose-act ratio dominates the elements of the speeches. Burke (1945) asserted that artifacts that feature
purpose have mysticism as their corresponding philosophical mooring. Artifacts that emphasize purpose “tend to move toward the transcendent” and argue from the philosophy of mysticism (King, 2009). For Foss (1989), “in mysticism, the element of unity is emphasized to the point that individuality disappears” (p. 342). This is in line with Burke’s (1945) notion that identification becomes so strong that the individual is united with some cosmic or universal purpose. According to Burke (1945), “mysticism succumbs to a species of metaphysical fascination. For it develops an idea of passive contemplation ‘in which the distinctions of individuality disappear, and the finite spirit achieves…utter union or identity with the Being of beings’” (p. 287). Jammeh’s representations about how the acts were carried out are not only mystical, but they also presented prophetic futuristic predictions. According to Jammeh:

The acronyms of AIDS tell you the origin of the virus. If you create a virus, no matter how you manipulate it, there is the danger that it can run out of control. Those who believe AIDS only kill Africans, let’s wait for the next five years and see. (Government of the Gambia, 2007, June 17, para. 19)

Jammeh’s reference to acronym of AIDS—especially the word “acquired”—can be understood within the context of his wider claims—the origin of HIV/AIDS being man-made, or acquired, and never natural. So, being aware of the special secret of how the virus was created and spread among Black Africans—a secret that is known to only him—Jammeh can confidently profess about the world of the mystic. In the mystical world, only Jammeh has the knowledge, by the power of the Almighty Allah, to reveal what has happened and what is to come. At this juncture, Jammeh can be said to be in
communion with the “divine essence,” “the creative essence,” or “the Being of beings” from which his revelation emanated. Burke (1969) pointed out that these forms of speculative and religious thought profess to attain immediate apprehension of the divine essence. Even though Jammeh failed to mention what is to come, the audience can envisage the Frankenstein turning on the West and destroying them, too. Jammeh does not have to answer the question of how the Frankenstein would turn on West, just as Jammeh does not have to provide evidence of how the virus was transmitted from one African to another by Western agents.

From the mystical worldview, the audience can understand that, just as Allah revealed to Prophet Musa to lead his people out of Egypt, Allah again would be able to reveal the secrets behind HIV/AIDS to Jammeh for the rescue of Black Africans and the entire human race. But for the neocolonialist West, they must await their retribution in just about five years, just as Allah punished the Egyptians for being wicked toward is people. Whereas in the overall scheme of Jammeh’s mysticism, the Almighty Allah is the one who has exposed the neocolonialist acts to him, the audience can turn around and examine the course of human history for its manifestations through slavery, colonialism, and the current affliction. The audience can interpret the new affliction as the next level of the continuing exploitation or neocolonialism.

In the view of Brock at al. (1990), in a mystic worldview “individuality disappears” and “identification becomes so strong as to indicate unity of the individual with some cosmic or universal purpose” (p. 189-190). Akin to this is Jammeh’s reminder to Gambians that they are Africans, not Europeans, and must identify with an African
cause—where “AIDS is killing more blacks than the rest of humanity” (Government of Gambia, 2007, June 17, para. 5). Furthermore, Burke alerted us that “mystery arises at the point where different kinds of beings are in communication. There is strangeness but also the possibility of communion…Thus, the peasant is a mystery to the king, and the king is a mystery to the peasant” (p. 221). In line with Burke, Jammeh was telling his audience that the neocolonialists and Black Africans cannot be bedfellows. Just as the peasant has been a mystery to the King and vice versa, so is the West a mystery to you in both their compositions as beings and in their interactions or communication with you. Look at Westerners as a people, they are different from you. Look at their interaction with you from the time they came into contact with you, they have been a mystery. To Jammeh, the mystery and the motives of the West can only be unraveled by the power of the Almighty Allah.

Viewing the HIV/AIDS and ARVs discourse from the mystical perspective, Jammeh’s motivation is to scare PLWHAs away from ARVs. This is within his larger goal of nudging PLWHAs toward his herbal concoction which should replace all forms of biomedicine in the Gambia and perhaps Sub-Saharan Africa in the near future. It is easier for Jammeh to scare vulnerable and desperate PLWHAs who are seeking a way out of their pain and frustration away from ARVs and nudge them toward his herbal concoction than simply allow PLWHAs to discover their own truths based on what works best for each person.

Even though Jammeh’s purpose seemed to depict an attempt to genuinely save PLWHAs in his country, Sub-Saharan Africa, and elsewhere around the world, the
motivation is to employ mystical narratives to nudge his audience to identify with his cause. Jammeh achieved this through the attribution of mysterious origins for HIV, covert means of transmission, and mystical forms of revelation in which Jammeh alone is in communication with the Almighty Allah who intends to save his people through him.

4.2.1. Implications of claims and HIV/AIDS origin discourse. There are multiple implications for Jammeh’s claims concerning the origin of HIV/AIDS, if audience members accept Jammeh’s claims as the reality of the origin of the disease. First, it is Westerners, rather than Africans, who are responsible for the spread of HIV/AIDS on the African continent and among people of Black descents around the world (especially as the originators of the disease). Second, to avoid contracting the virus, one must be vigilant about Western activities, including western clinical care. In this regard, even though one can also contract the disease through sexually-related means, they are not as important as Western manipulations.

By accepting this way of constructing HIV/AIDS, both the rhetor (Jammeh) and his audience members downplay other perspectives, realities, and values related to the understanding of the origin and spread of HIV/AIDS. In constructing the contextual background to this discourse, I concluded that the origin of HIV/AIDS remains a mystery. Jammeh and those who accept his discourse, therefore, fit within the conspiratorial paradigm of HIV’s origin. In this paradigm, HIV/AIDS is man-made, never an accident of history. In the same vein, the science of natural transfer of the virus from animals to humans is also rejected by Jammeh and his followers; instead, a
conspiracy theory is posited as the most plausible source of the virus. Jammeh’s construction of the origin of the virus invokes conspiratorial sources in its outlook for multiple reasons. While arguing that the disease was engineered by the West (a clear claim depicting the source of the virus), Jammeh failed to explain how the engineering was done. Jammeh did not go further to disclose how the disease finally made its way into human populations. In this regard, the audience can read the text in two ways. The audience can decode Jammeh’s claim as implying biological engineering of the disease which would be akin to the passaging concept; or, the audience can read the script as the use of spiritual means to bring the virus into being as in the traditional understanding “unnatural” diseases or sicknesses. But for failing to disclose exactly how the disease originated and made its way into human populations, and continue to spread among humans, conspiracy theory becomes the overarching framework within which Jammeh’s view on the origin or presence of HIV/AIDS in human populations will be explained. Conspiracy theories constitute “a form of historical discourse” that “propose explanation of some historical events in terms of the significant causal agency of a small group of persons—the conspirators—acting in history” (Keelley, 1999, p. 116; Pipes, 1997, 42-43).

Instead of disclosing to his audience how the virus was transmitted from the laboratories to humans, Jammeh resorted to the Almighty Allah as a source of revelation, as discussed earlier. Bannett (2007) identified similarities between conspiracy theories and divination, arguing they both traffic in recondite signs—secret clues—calling for interpretation (p. 176). With the tendency to assign events to some hidden hands, there is
more to what happens in the world than meets the eye, and only Jammeh has been
destined such powers to see beyond the veil. By these assertions, Jammeh joins the
ranks of other conspiracy theorists (Flint, 2011; Pipes, 1997). This does not, however,
eliminate other ways of explaining the origin of the HIV/AIDS, especially from the
viewpoint of the natural transfer theory. This only helps to understand the terministic
screen from which each group or individuals make its claims and elements within each
terministic screen that hold its adherents together. This is consonant with Rountree’s
observation that terministic relations are instituted by a discourse community’s common
belief about what goes with what or what goes against what (Rountree, 1998). In
Jammeh’s rhetoric, therefore, the conspiratorial screen places HIV/AIDS with malignant
agent.

Second, with regard to the spread of HIV/AIDS, even though Jammeh recognized
that HIV/AIDS can spread through sexual contact, his emphasis on Western
manipulations of individuals’ blood with the aim of infecting them undercut the hard
evidence in this area of knowledge. In Sub-Saharan Africa, the spread of HIV/AIDS has
not been homogenous across the region. In the Gambia, where the prevalence rates of the
disease is about 1.3 percent, the commonest mode of infection is thought to be among sex
workers and very mobile populations, such as truckers and the security services (Mah &
Dibba, 2008). Therefore, to emphasize only conspiratorial routes of infection for the
disease is to be oblivious to the regional, sub-regional, and country-level variations in the
disease’s modes of infection.

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The danger with this form of conceptualization of the disease is that, when the audiences accept this construction as the gospel truth, years of research into behavioral patterns which illustrate the variations in the spread of the disease, underscoring cultural-orientations and behavioral dispositions, are thrown into disarray. This explains why Fadzai Gwaradzimba, challenged Jammeh’s claims and was declared persona non grata by Jammeh (U.N.D.P. Resident Coordinator, 2007, February 9).

For those who accept Jammeh’s construction of the spread of HIV/AIDS, these variations do not matter, since the hidden hands of the West are still at work to fulfil Western overall purpose of annihilating Black African bodies. To this group, personal responsibility through responsible sex and other forms of protection would amount to nothing. Their concern would rather be on clinical processes or mystical means that could dispose them to the infection.

Critical analysis of Jammeh’s position on the mode of spread of the disease does not, however, depart from the conspiratorial claims of origin. It fits into the overall scheme of Jammeh’s conspiratorial claims. This is in line with Burke’s assertion that we do not depart from our terministic screens. Jammeh is, therefore, simply enacting the behaviors and the expertise inherent within his terministic screen.

From the foregoing, it is evident that through the complex avenues of identification—involving story lines that resonate with his audience—Jammeh has cast the HIV/AIDS origin and spread narrative in a conspiratorial worldview. For the future of the disease, Jammeh professes an apocalyptic end to the neocolonialist West, the inventors of the disease.
4.3. Antiretroviral Drugs (ARVs)—Neocolonial Exploitative Mechanism

The third pentadic act deals with Jammeh’s economic understanding of antiretroviral drugs (ARVs). In this application of the pentad, the following elements are identifiable:

Agent:  Neocolonial West
Scene:  Black African bodies living with HIV/AIDS
Act:  Raising barriers to ARVs
Agency:  Mercantilist distribution channels
Purpose:  Financial exploitation and domination

From Jammeh’s rhetorical arrangement, the neocolonialists has failed to accomplish the purpose of totally annihilating Black African bodies, the purpose for which they created HIV, as revealed in the HIV origin pentad. Failing to achieve total annihilation of Black Africans, the neocolonialists (agent) now manufactures ARVs and injects an economic calculus into them for the exploitation (purpose) of the health vulnerabilities of Black Africans. In this sense, ARVs are the new tool within the overall scheme of Western biological warfare. Jammeh claims that Black Africans have become cash cows for neocolonial exploitation (purpose). The desire to exploit the ARVs situation financially merely modifiers the overall objective of controlling Black Africans. In this case, it is still the purpose (financial exploitation) that is driving the action (raising barriers to ARVs) of the agent (neocolonialist West) who is using mercantile distribution channels as a new device, or agency, to raise barriers to ARVs (act) to prevent ARVs from reaching vulnerable Black Africans. The scene, similar to the creation of HIV,
remains a desperate scene with millions of Black Africans living with HIV/AIDS without ARVs.

Similar to the HIV origin pentad, the exploitative pentad is in response to the neocolonialists’ attack on Jammeh for his discovery of a cure for HIV/AIDS (it must be noted that the division of the analysis—HIV origin pentad and neocolonial exploitative pentad—are important for the pentads to correspond with the outline in the contextual background. It must also be noted that within this artifact, Jammeh began to employ both Allah and his scientific method concurrently).

Through the power of the Almighty Allah, Jammeh was chosen as a counter-agency to scuttle the front of the neocolonialist West and to expose their diabolic deeds against Black African bodies. Jammeh, thus, moves into action immediately by exposing the hidden truths about ARVs being used by the West for exploitative purposes. Jammeh pointed out that his “treatment purely is to fight disease and all diseases that are labelled as incurable. If the pharmaceutical companies that are making billions out of the HIV/AIDS pandemic think I am doing it to fight them. No!!” (Government of the Gambia, 2008, January 17, para. 4). Jammeh, as the counter-agency to the neocolonialists’ purpose, fights HIV/AIDS and all other diseases that are deemed incurable. Jammeh considers this a noble act which counteracts Western exploitative and dominating purposes (purpose). And, being in opposition to the neocolonialists’ act, Jammeh’s action becomes counteractive to the Western exploitative act of raising barriers to ARVs. To Jammeh, this is a good reason for the West to declare war on him and to antagonize him. Jammeh revealed this and urged the audience to look closely and to ask
why he faces antagonism in the hands of the neocolonialist West on his HIV/AIDS and ARV pronouncements. Jammeh suggested to his audience that, by saving PLWHAs through his herbal concoctions, he was not only depriving Western pharmaceutical companies of billions of dollars in revenue and profits, but he also had defeated the ultimate purpose of annihilating Black Africans. Jammeh further queried “why condemning me for treating HIV/AIDS? Because, the virus has been created to kill non-Whites and because my medicine has the potential to make them fail their objective of eliminating the Black man, they are attacking me” (Government of the Gambia, 2007, June 17, para. 19). For Jammeh, it is precisely because his herbal concoction defeats Western purpose of exploitation that he faces so much antagonism from the neocolonialist West.

From the above quote, Jammeh, who is being used by the Almighty Allah as counter-agency to counteract Western purposes of exploitation and domination, illustrated his understanding of the economic calculus of ARVs within the wider context of a biological warfare. Like Fay and Kuyper (2012), Jammeh is convinced that agents with an ultimate purpose do not depart from that purpose. If the ultimate purpose is unattainable immediately, agents work out every small act within the scheme of the feasible toward the attainment of the ultimate purpose. According to Fay and Kuyper (2012), since purposive thinkers concentrate on the goal of an act, they understand small acts and decisions in light of a larger program. In the case of Jammeh, when the neocolonialist West failed to achieve total annihilation of Black Africans through the creation of the HIV virus, they turned to ARVs as the next available agency, or weapon,
in line toward the ultimate goal of annihilating Black Africans. The immediate purpose of ARVs is to exploit Black Africans financially and dominate them, but this purpose works toward the ultimate purpose of annihilation. Jammeh and his herbal concoction which saves the lives of PLWHAs are, thus, counter-agencies, or an affront, to both the short-term and the long-term purposes of the neocolonialists.

According to Jammeh, the attack on him and the death of many Black Africans for lack of ARVs are not ordinary situations; if they were, the West would have produced their so-called lifesaving ARVs in huge quantities and distribute them to everyone who is living with HIV/AIDS to save Black Africans. Their failure to do so should inform any observer that there is a hidden agenda. The agenda is to exploit the financial resources of Black Africans (purposes) through ARVs as the new agency. More so, when he, Jammeh, decides to steer Black Africans away from Western ARVs, he is labelled a dangerous person. According to Jammeh, “the so-called Western doctors and Western press, the propaganda machinery for the West have labelled me as dangerous and irresponsible, why? Because they said that I told those who are on ARVs to stop taking ARVs” (Government of the Gambia, 2007, June 17, para. 10). To Jammeh, the evidence is overwhelming. If the neocolonialist West provides ARVs to Africans on humanitarian grounds, that will only be a deviation from their purpose of exploitation and domination toward the ultimate purpose of annihilation. Thus, the act of the agent is purpose-driven. The purpose—which is central to the agent’s action—is to exploit, dominate, and annihilate, not to save. To the extent that Jammeh is labelled a dangerous and irresponsible person, the audience must be aware that the neocolonialist West is prepared
to combat anyone who impedes its purpose of exploiting, dominating, and annihilating the Black African. If the purpose were to save, “the first thing they should have done was to come [to him, Jammeh] and say let’s see how we can develop it [in reference to Jammeh’s herbal concoction] and make it available for humanity,” Jammeh explained (Government of the Gambia, 2007, June 17, para. 9). In this regard, Jammeh expected cooperation from the West instead of the hostilities and the condemnation he receives, turning him as a counter-agency to Western purposes. To Jammeh, that is to be expected because collaboration with him would imply the neocolonialist West is defeating its own purpose of exploitation and domination toward the larger goal of annihilation, as the quote suggests.

For Jammeh, as he stated in the HIV origin pentad, “the fight against HIV/AIDS, the treatment has exposed the hypocrisy and lip service that the Western world is putting on today (Government of the Gambia, 2007, June 17, para.5). According to Jammeh, all the concern being raised by the West about the efficacy of his herbal cure or concoction is simply a façade to hide their anger at the realization that his herbal concoction counteracts and defeats Western financial motives and the overall goal of annihilating Black Africans. Jammeh seemed to be asking his audience: what other reason might explain why the whole Western establishment is up against me? Jammeh argued that he must have been doing something that hurts the neocolonialists’ interests and defeats their ultimate purpose. It is for this reason that he declared “I will never waver my crusade in the fight against HIV in the Gambia and in Africa [Sic]” (Government of the Gambia, 2007, June 17, para. 8). By standing in the way of the West, or making its artificially
created barriers (act) meaningless, Jammeh also rejects Western clandestine activities, creates division between Black Africans and the West, and identifies with all those who detest the neocolonialists’ hypocrisy and manipulation.

The purpose of exploitation and annihilation is further noticeable in the astronomical pricing of ARVs (act), which places the drugs well beyond the reach of Black Africans who are living with the disease. By the astronomical pricing of ARVs, the mercantile channels (agency) are used by the pharmaceutical companies to limit access to ARVs, placing financial considerations over human life. “Making my treatment free does not mean that I am fighting anybody… I am being paid or am going to be paid; I want the Almighty Allah to pay me for what am doing, not humans,” he pointed out (Government of the Gambia, 2008, January 17, para. 5). Even though Jammeh did not necessarily refer to the astronomical price of ARVs in his speech, his assertions about the billions of dollars pharmaceutical companies are about to forfeit explains how Jammeh understands the economic roles of ARVs in HIV/AIDS discourse.

An essential outlook from Jammeh’s charge of economic motivation on the part of Western pharmaceuticals suggests that it is inhuman to attempt to profit from the sicknesses of others. To him, treating the sick and the most vulnerable must be a humanitarian gesture, not a profitable venture. This is why Jammeh offered and continues to offer his herbal concoctions to PLWHAs free-of-charge. Jammeh demonstrated that his own humanitarian gestures are beyond measure; his humanitarian gesture transcends race, color, and geography. Jammeh pointed out:
One will ask what the Cuban and Taiwan ambassadors are doing here. The aim is to share the treatment with them because in Taiwan traditional medicine is used. The asthma medicine can be mass produced, packaged, and exported to them. The one on HIV/AIDS cannot be mass produced because I am restricted to ten patients only every Thursday and cannot go beyond that. (Government of the Gambia, 2007, January 18, para. 8)

From the above quote, Jammeh informed the audience that the requirement he has placed on others to conduct humanitarian activities is being met by him as well. But one can also notice some incoherence in the artifact. In one breath, Jammeh impressed on the agents of annihilation—the neocolonial West—about the need to make ARVs available on humanitarian grounds. Jammeh then proposed to make his herbal cure or concoction available for export to Taiwan on humanitarian grounds, since people in that country use traditional medicine. While this gesture underscores Jammeh’s humanitarian inclinations across race, ethnicity, and geography, an act Jammeh would like the neocolonialist West to emulate, Jammeh, then, turned around to point out that only on Thursdays can ten PLWHAs receive his herbal concoction. To the extent that Jammeh cannot treat more than ten individuals per each session, the herbal concoction, which is counter-agency to ARVs, cannot be mass produced for export, the artifact suggests in another breath. The contradiction is most glaring when one thinks of HIV/AIDS and ARVs as the issues at stake, not asthma.

In spite of this incoherence in Jammeh’s humanitarian response, Jammeh is aware that he must rhetorically satisfy the exigencies of the global scene he invoked by
addressing the scourge of the disease not only in the Gambia and Sub-Saharan Africa, but across the world. Failure to address the global scenes of devastation would render his conceptual framework of cure defective. Jammeh used Cuba and Taiwan to make his audience aware that he is not only thinking about the Gambia; as a hero of the scene, Jammeh is determined to reverse the scenes of devastation globally. To this end, Jammeh depicted himself as a humanitarian who is doing all he can by being of service to humanity through the humanitarian export of his herbal concoction for asthma, but not the cure for HIV/AIDS.

In line with the foregoing, Jammeh admonished the neocolonialist West to abandon its inhumane purpose of making money out of the plight of PLWHAs. Jammeh counselled the West to turn to Allah—the source of all creations—so they can be of service to mankind. Jammeh explained that “for those that think that my treatment is a threat to them, well they should believe in the Almighty Allah and the Almighty Allah value humanity more than all creations. Therefore you must be of service to humanity” (Government of the Gambia, 2008, January 17, para. 6). Jammeh, thus, engenders a perception of polar value systems between Black Africans and the neocolonialist West. By this, Jammeh creates the notion that African value systems do not allow people to profit from the vulnerability of the sick. The West, which is attempting to profit from the vulnerability of the sick, should therefore desist from that and learn a better way to live. To Jammeh, the better way to live is for the West to turn to the Almighty Allah and to be of service to humanity. Being of service to humanity, Jammeh infers, means using their
understanding of the workings of medicine as agency for restoration, not exploitation, domination, and annihilation.

Further analysis of Jammeh’s claims concerning Cuba and Taiwan reveals a wider ideological inclination that goes beyond humanitarian considerations, as Jammeh employed these two countries to bolster his desire for international outreach. Jammeh reaches out to Cuba and Taiwan as allies. Considering the wider ramifications and the antagonism generated by his claims, Jammeh rhetorically invoked images of decades old antagonism between Cuba and the U.S. This move is to demonstrate to his audience that it is not only his government or the Gambia that is at logger heads with the neocolonialist West, but there have been others before him. Jammeh pointed out:

Thanks to the generosity of the Cuban government and people. Well they may be wondering why they don’t continue on the treatment. When we started, we started with them. The situation arose and I have to let them go. The reason being, when the CD4 counts results were announced I realized that we have picked a huge fight globally and since the valiant people of Cuba have always been in fight with big powers. I don’t want them to be part of another global fight. I pick up the fight on behalf of the Gambia and humanity [Sic]. (Government of the Gambia, 2007, June 17, para. 3)

Jammeh pitches the search for cure for HIV/AIDS in a similar fashion as the ideological battle that characterized the Cold War. Treading on this historical animosity, the audience is reminded of this historical ideological fault line. In doing so, Cuba does not only become an ally of the Gambia against the neocolonialist West, but it also
becomes a proof of the history of neocolonialists’ attempts at exploitation and domination of others. In this regard, Jammeh summons his countrymen to unite against a common enemy. Jammeh argued that the enemy of our progress still lingers around and is ready to employ any means to exploit, dominate, and annihilate us. Jammeh tells his audience: look at Cuba; they incurred the wrath of the West for deciding to pursue their own communist policies, as a matter of self-determination. If self-determination is at the core of Cuban-Western disagreements, what makes you think that the West would endorse my herbal healing project which is bound to defeat their exploitative agenda (purpose)?

Moreover, the fact that other countries are not seen at the forefront of the HIV/AIDS and ARVs debate does not mean that it is only the Gambia that is in the trenches. Cuba is part of the struggle. It is not a new struggle. It is simply a continuation of the centuries-old project of exploitation, domination, and annihilation against which the colonized must unite and defeat.

Closely linked to the Gambian-Cuban solidarity, whether consciously or unconsciously, is the appeal to the ideals of South-South cooperation in Jammeh’s interventionist rhetoric. South-South cooperation is a broad framework for collaboration among countries of the global south in the political, economic, social, cultural, environmental and technical domains. Involving two or more developing countries, it can take place on a bilateral, regional, sub-regional or interregional basis (United Nations Office for South-South Cooperation, N.D.). Jammeh pointed out that he intends to share his herbal cure or concoction with the people of Taiwan and Cuba. In demonstrating his awareness to the audience of the dilemma about the presence of the Cuban and
Taiwanese ambassadors at his cabinet meeting, Jammeh posed the question on behalf of the audience: “one will ask what the Cuban and Taiwanese ambassadors are doing here. The aim is to share the treatment with them because in Taiwan traditional medicines are used” (Government of the Gambia, 2007, January 18, para. 8). This is consistent with the scenes Jammeh constructed. Because Jammeh constructed a global scene of desperation, Jammeh uses Cuba and Taiwan to satisfy the exigency placed on him by his own construction to reach out to the world through South-South cooperation. In this case, reaching out to the world does not mean reaching out to the West. The West should wait until such a time when the monster they created turns on them. “Those who believe AIDS will only kill Africans, let’s wait for the next five years and see,” Jammeh pointed out (Government of the Gambia, 2007, June 17, para. 19).

Jammeh demonstrated his understanding of global political manoeuvres through consubstantiality by linking Gambia to Cuba. If the West and its allies are antagonistic toward Cuba, then Cuba can be the Gambia’s friend—they can support the Gambia and the Gambia, in turn, can support Cuba by picking up Cuba’s fights on Cuba’s behalf in the spirit of South-South cooperation. Jammeh’s words help to strengthen the kind of solidarity which already exists between the two nations. Because Cuba and Taiwan have already been offering the Gambia some form of support in its health sector, both are rewarded by access to benefit from the Gambia’s herbal concoction. “You know that Cuba is a key partner in our health sector and Taiwan is the force behind the medical team in the Gambia,” Jammeh pointed out (Government of the Gambia, 2007, January 18, para 3). What is evident from the analysis is that Jammeh did not only portray efforts
at curbing the spread of HIV/AIDS metaphorically as a fight, but Jammeh also depicted the search for cure for the disease metaphorically as a fight with ideological sensitivities.

Jammeh’s depiction of Cuba and Taiwan in an alliance recognized degrees of commitment in opposing the neocolonialists. As the artifacts depicted, Taiwan is only a strategic ally who supports the Gambia’s health sector, a country whose people also use traditional medicine. For this reason, the Gambia can export its herbal medicines to Taiwan. As a pawn between the West and the East (China), Taiwan is unmentioned in the ideological battle, as Taiwan’s identification or association within the ideological battle can be problematic for the ideological front Jammeh sought to construct. To this end, Jammeh left Taiwan out of the ideological battle. Cuba, a symbol of ideological resistance against neocolonial exploitation and domination, provided a strong case of identification or association in this ideological battle. This form of alliance also conveys Jammeh’s credibility to his local audience. To Jammeh, if those high profile individuals from international circles can identify or associate themselves with his claims, then his claims must be worth endorsing by the locals who look for international endorsement as a sign of credibility for similar claims.

Similar to the scene in the HIV origin pentad, the purpose of exploitation is dominant in this speech. Since it is the purpose of exploitation and domination that triggered neocolonialists’ act of bio warfare with ARVs, a purpose-agency ratio is the controlling element here. According to Kneupper (1979) a purpose-driven ratio is described in relational or functional terms; for example, “in order to get X you have to do Y. In order to win the war, we must adopt the methods of our enemy” (p.131). Going by
this principle, if the West cooperates at various levels—through the WHO, UNAIDS, NATO, etc.—then there is the need for the Gambia to establish similar schemes of cooperation through South-South cooperation to defeat the neocolonialists’ exploitative and dominating agenda. In this regard, Cuba and Taiwan become the means via which Jammeh erects a cooperative defensive wall against the West to protect his country and Black Africans.

Humanitarianism and ideological alliance—the latter which bears semblance with cooperative alliances of the West—became the means via which Jammeh intended to defeat the bio warfare of the neocolonialist West. If Cuba and Taiwan have already been supporting the health sector in the Gambia, then it is just in line with this humanitarian cooperation that Jammeh returns this favor as their countries confront a common enemy. To this end, Jammeh intended to export herbal concoctions to Cuba and Taiwan as a humanitarian gesture in defeating Western bio warfare, on the one hand. On the other hand, Cuba becomes an ideological ally in resisting Western attempts at exploitation and domination, mimicking alliances such as NATO, the WHO, and UNAIDS.

With mysticism as the corresponding philosophical worldview of speeches controlled by purpose, according to Burke (1945), the transcendence elements within the speech are strong. According to Foss (1989), “in mysticism, the element of unity is emphasized to the point that individuality disappears. Identification often becomes so strong that the individual is unified with some cosmic or universal purpose” (p. 342). Analogous to the HIV origin pentad, Jammeh informed the audience that the Almighty Allah was unhappy with the purpose of the neocolonialists, so Allah exposed the hidden
hands of the West to Jammeh to reveal to the rest of the world. In this regard, Jammeh alone was in communication or communion with Allah through mystical or spiritual means. Jammeh’s audience lacked the spiritual powers by which only Jammeh communicated with the Almighty Allah. Jammeh, thus, attained transcendental unity with Allah.

Further to the understanding of the economics behind ARVs through divine revelation of the Almighty Allah, Jammeh informed the audience that the Almighty Allah would reward him for heeding his call and intervening to rescue his people. By pointing out that he wanted the Almighty Allah to pay him for heeding Allah’s call, not humans, Jammeh transcended human reward systems. This means that Jammeh did not share the interest of the neocolonialists who are using Black Africans for exploitative purposes. Jammeh depicted a picture of divine rewards by saying “I am being paid or am going to be paid; I want the Almighty Allah to pay me for what am doing, not humans” (Government of the Gambia, 2008, January 17, para. 5). The divine reward in this sense was not only mystical, it helped the audience to also appreciate that the neocolonialists was only interested in earthly glory. There was a higher glory which would be bestowed on Jammeh and PLWHAs because the Almighty Allah intended to save PLWHAs through Jammeh. The audience could make sense of this mystical reward by drawing examples from the prophets Muhammed and Isa (Jesus) who were rewarded by the Almighty Allah for intervening in human history to save Allah’s people.

For King (2009), in the purpose-agency ratio, where purpose is dominant, “decisions are always seen in terms of a larger program” (p. 172). In this regard, the
question of what Jammeh’s larger purpose was would arise. A careful observation of the
selected artifacts of Jammeh suggested that Jammeh’s larger goal was to promote his
herbal concoction as a replacement for Western ARVs. To do this, Jammeh must flay the
West irrespective of what facts were available about the efficacy of ARVs.

4.3.1 Implications of claims and the ARVs discourse. Turning to the
unavailability of ARVs in Sub-Saharan Africa, Jammeh’s depictions are in sync with the
postcolonial paradigmatic construction of ARVs. By depicting ARVs as a mercantilist
device for the exploitation of Black Africans by Western pharmaceutical companies,
Jammeh chose to not account for the dynamic processes within which drug research,
development, and pricing are embedded. By accepting the view of mercantilist
manipulation, Jammeh’s audience would draw two conclusions. First, they agreed with
Jammeh that the aim of ARVs was not only to exploit Black Africans financially, but the
aim was consonant with a wider goal of dominating and annihilating Black Africans.
Second, the audience was also primed to conclude that ARVs were not available because
pharmaceuticals chose to constrict their availability, as depicted by Thabo Mbeki and
Sastry and Dutta (2012), the foremost voices within the postcolonial paradigm. To this
group, ARVs are being used as another tool to subjugate the health needs of the
subaltern. It is, thus, another phase of the imperial expansion—slavery, colonialism, and,
now, neocolonialism.

While Jammeh’s economic construction of the disease is in harmony with aspects
of the postcolonial paradigm, Jammeh’s assertion that ARVs should be avoided by
PLWHAs extends the postcolonial paradigm. The difference is that, for Mbeki, because there was no scientific link between HIV and AIDS, there was no need for ARVs. For Sastry and Dutta (2012), ARVs can prolong life and fend off opportunistic infections, but ARVs also advance the exploitative goals of the West by feeding into the neoliberal agenda. For Jammeh, like Sastry and Dutta (2012), HIV and AIDS are undeniable facts, but ARVs are exploitative mechanisms aimed at taking advantage of the health vulnerability of PLWHAS financially. While the construction of the disease varies within the postcolonial paradigm, the Mbeki-Jammeh economic strands of the disease concur with Sastry and Dutta (2012). In this case, ARVs are simply exploitative mechanisms. Whether the disease exists or not, or whether ARVs are potent in managing the disease or not, is not relevant; the basic aim is to exploit, dominate, and annihilate Black Africans.

From the above depiction of the limited availability of ARVs in Sub-Saharan Africa, Jammeh ignored facts and questions that may contradict his claims. From the perspective of the avant-garde paradigm, the question of the cost of researching and developing (R&D) drugs including ARVs would arise. From this paradigm, drug manufacturing is not only a private enterprise but it is also capital intensive. It is, thus, incumbent on pharmaceutical companies to device sustainable means to remain in the business of researching and developing new drugs, including ARVs. And since it costs money to bring drugs into fruition, the sick must pay for products emanating from these innovations. However, whether for strategic reasons or for lack of knowledge concerning how drug R&D is funded, Jammeh ignored this vital aspect of the discourse. Jammeh
ignored that vital aspect of the ARVs discourse because that would have been counterproductive to his stated position on the financial benefits Western pharmaceutical companies derive from selling ARVs. Jammeh’s economic calculus, in relation to the limited availability of ARVs to many Black Africans is, thus, deficient. If Jammeh’s audience accepts his construction of ARVs as exploitative, they would be missing these vital facts about drug manufacturing. This omission underscores the fact that Jammeh selected for attention those interpretations that supported his worldview and ignored those that did not.

From another angle, but closely linked with the funding of R&D, is the question of how drugs are priced. If there is any evidence that the pricing of ARVs deviates from the known drugs pricing mechanisms, whereby the price of ARVs are abnormally pegged higher than normal, then Jammeh’s position will be tenable. But to the extent that both funding of R&D for ARVs and the pricing of the products are consistent with practices within the pharmaceutical industry, Jammeh’s position is weakened or is simply untenable on these grounds.

This way of constructing the disease also ignored the facts about humanitarian activities with regard to the availability of ARVs. On the humanitarian front, the Gambia has been a beneficiary of many international donor support programs that rolled out ARVs to PLWHAs and also supported other HIV/AIDS activities for years. The Gambia was one of the first Sub-Saharan African countries to have benefitted from the World Bank’s Multi-Country HIV/AIDS Program (MAP) when the country accessed HIV/AIDS Rapid Response Project Funding (HARRP). The country also benefited from PEPFAR,
the Global Fund and other HIV/AIDS-related donor initiatives which rolled out ARVs treatment programs in that country and in many Sub-Saharan African countries (Cassidy & Leach, 2009). The aforementioned humanitarian efforts cut across the private, nonprofit, and the public sectors. From these evidences of donor involvement in humanitarian provisions of ARVs in the Gambia and elsewhere on the African continent, Jammeh’s assertions of non-humanitarian considerations on the part of the West become questionable.

While the Jammeh’s acknowledgement of Taiwan and Cuba as countries that have been supportive of his country’s health care system might tend to depict some level of hypocrisy on the part of Jammeh, the reader must be reminded about Jammeh’s ideological inclination via which he established identification and consubstantiality with these countries. The recognition of any Western contribution to the health care and HIV/AIDS-related activities in the Gambia would, therefore, be counterproductive and injurious to the cohesive ideological orientation Jammeh sought to present in his discourse.

Whereas the facts about Western humanitarian activities contradicted Jammeh’s assertions, Jammeh’s claims would be viewed favorably from the perspectives of both the postcolonial and the activist paradigms. For Jammeh, speaking from the postcolonial paradigm, the central purpose, to exploit and dominate Black Africans, supersedes all other considerations in the scheme of the neocolonial agenda. What might seem like a humanitarian act is, therefore, only a façade meant to conceal the overall purpose of exploitation and domination. Jammeh compared Western pretense with witchcraft in the
Gambia to bring the point home to the audience. According to him, “when somebody dies [in the Gambia] and it is claimed that the person may be killed by witchcrafts, even those suspected of killing the person cry the most” (Government of the Gambia, 2007, June 17, para. 8). For Jammeh, crying the most serves as a subterfuge to divert public attention from their crimes because “they [the murderers or witchcrafts] don’t want to show that they are responsible for the person’s death” (para. 8). The idea is that, for those who may even consider Western concerns or humanitarian activities as the demonstration of goodwill, they should rethink Western acts and register them appropriately as deceptive and misleading. What Jammeh implied is that the fundamental ideological arrangements—subjugated versus subjugator—have never changed. The limited availability of ARVs is simply a continuation of that relationship—from slavery, through colonization, and, now, neocolonialism.

This position, to some extent, corresponds with the position of the activist paradigm. To this group, it was never a willing act of magnanimity on the part of the neocolonialist West to reduce the price of ARVs or to allow for generic production of the drugs in poor countries. It was the Brazilian act of blatant disregard for international patent arrangements that challenged the agent to reconsider its stance on patents. The outcome of this reconsideration of patent rights led to policy alteration which, then, allowed countries to declare their own emergencies under which to produce generic drugs.

While with the limited availability of ARVs discourse, Jammeh cast that in the mode of the postcolonial paradigm—similar to Mbeki, and Sastry and Dutta (2012)—
Jammeh’s reference to Allah as the source of his knowledge of the therapy deviates from both Mbeki and Sastry and Dutta (2012). Jammeh can, therefore, be seen in the cast of a pseudoscientist, whereas Sastry and Dutta (2012) can be viewed as acknowledging the place of biomedicine in HIV/AIDS treatment.

Jammeh’s appeal to his own humanitarian endeavors in treating HIV/AIDS and multiple diseases also implied that, within his prophetic-Islamic outlook, there was a place for humanitarianism. This, however, deviates from the postcolonial outlook with regard to the economic construction of ARVs, as there are no indications of such humanitarian efforts within its ambit. Similarly, the humanitarian distribution of herbal concoctions is unheard of within the traditional paradigm. Thus, Jammeh’s assertions of humanitarianism can be seen as part of his rhetorical attempt to demonstrate or bolster his position as a humanitarian who care for his people. This should be considered only a rhetorical move for Jammeh to scapegoat the West for failing to offer humanitarian assistance to Black Africans.

All in all, just as in the HIV origin pentad, Jammeh employed disassociation and identification in his portrayal of the economic calculus of ARVs. In so doing, Jammeh identified the West as the villains who impeded his efforts at curing Black Africans living with HIV/AIDS. As Jammeh prepared to confront the neocolonialist West, Jammeh was aware of the dangers or the antagonism he would face in their hands. To this end, Jammeh rallied his allies, Taiwan and Cuba, on the international front, and his own people, on the local front.
4.4. Allah—the Liberator of a Double Scene through Jammeh

By the second and third pentadic acts, Jammeh’s claim for a cure for HIV/AIDS—from the scientific—morphed into the religious. Jammeh incorporated the Almighty Allah as the source of cure, a transformation which becomes stronger in the fourth and the fifth pentads. In this pentad, the following elements are identifiable in Jammeh’s rhetoric:

Scenes:        Millions of Black Africans living with HIV/AIDS
               Exploitation of Black Africans with ARVs

Act:          Prophetic revelation of cure

Agent:        Almighty Allah

Agyencies:    Yahya Jammeh and herbal concoctions

Purposes:     To save PLWHAs and conquer neocolonial bio warfare

From Jammeh’s rhetorical arrangements, purpose dominated the two previous pentads—the purpose of annihilation and the purpose of exploitation. For the dual purpose, Jammeh depicted helpless medical and financial situation over which the Almighty Allah alone exerted control. According to Jammeh, the Almighty Allah, the agent, was unhappy with the purposes of the neocolonialists. To this end, the Almighty Allah chose Jammeh as his agency for his prophetic revelation of herbal concoction (act). This choice allowed the cure of PLWHAs (purpose) to defeat the dual purpose of the neocolonialists in order to restore the Almighty Allah’s purpose and will for humanity. At this juncture, Jammeh was no longer the agent of cure as seen in Jammeh’s first pentadic act that talked about the cure for HIV/AIDS; Jammeh became the agency via which Allah
would rescued Black Africans from the exploitative and dominating purposes of the neocolonialists.

These depictions are scenic in the theatrical sense of the word. They can portray to the audience a scene of devastation. They represented a mightier agent—the Almighty Allah—who successfully counteracted the acts of the neocolonialists (now counteragents) and restored order through his chosen agency, Jammeh. As a principle of drama, the nature of acts and agents should be consistent with the nature of the scene (Burke, 1969a). In this regard, the scenes should be the container of the acts. The scenes beget the agent, act, agency, and purpose. Indeed, without these multiple scenes of destruction of Black African bodies, the Almighty Allah (the agent) would not have intervened using Jammeh as agency to expose the neocolonialist West (counteragents) in order to counteracts their evil purposes. These scenes were, therefore, consistent with the act of intervention. In scenes declared hopeless, it takes the powers of an extraordinary or mightier agent to reverse them.

The act of revelation of herbal concoction, which counteracted the neocolonialists’ originated bio viruses, and the act of exposure of Western exploitative activities through Jammeh to save PLWHAs were products of the Almighty Allah—the agent. The point is that the agent would not have acted were it not for the exploitative, dominating, and annihilative purposes of the neocolonialists and the scenes they created as a result.

Jammeh tackled both scenes he depicted in the HIV origin and the ARV exploitation pentads, concurrently, and defeated the purposes of the neocolonialists. Just
as in the first HIV/AIDS treatment pentadic act, Jammeh demystified the notion of no cure for HIV/AIDS, defeated Western ARVs exploitative mechanisms, scuttled the purpose of the neocolonialists, and established the purpose of the Almighty Allah over the scenes. It is from the conquest of the neocolonialists’ bio warfare that we can interpret the actions of Jammeh to be liberating, redemptive, or interventionist. Care must, however, be taken not to mistake Jammeh, who is only a tool being employed by the Almighty Allah at this juncture, as the agent of this pentad. Jammeh was only an agency who the Almighty Allah employed for his purpose.

Jammeh started his speech by thanking the Almighty Allah for the discharge of PLWHAs he cured. “First of all, I would like to thank the Almighty Allah for a day like this,” he pointed out (Government of the Gambia, 2007, June 17, para. 1). From this statement, unlike in Jammeh’s first HIV treatment pentad which was devoid of any mention of Allah, there was a noticeable shift in Jammeh’s emphasis on his source of healing treatment. It became clearer by the time Jammeh celebrated the first anniversary of his HIV/AIDS cure program.

As the leader of the Gambia, Jammeh, Allah’s agency, did not leave his people, especially those living with HIV/AIDS, to their fate in the face of a looming disaster brought upon them by the neocolonialist West. Jammeh identified with the plight of his people, by rolling up his sleeves and getting into the trenches to demonstrate leadership by example, even when many were against him (the president) getting directly involved in treating those living with the disease. Jammeh pointed out that “first time we brought these patients…their conditions were very difficult to lay hands on them. I received many
calls from well-wishers…they advised me not to touch the patients because… [of] their body conditions” (Government of the Gambia, 2007, June 17, para. 2).

In leading the treatment sessions and administering the herbal concoctions to the patients by himself, the audience considered Jammeh as risking his life in ways that would place the whole nation in danger. “They say,” Jammeh pointed out in apparent reference to the audience, “if you die and you are the president you destroy the country. I told them I would not live one second beyond the time allocated to me…by Allah” (Government of the Gambia, 2007, June 17, para. 2).

In alluding to what the audience said to him to dissuade him from taking such a risk, a common ground between Jammeh, the agency, and his audience was recognized. Both parties recognized a pressing danger. To prove his commitment to the cause of his people, Jammeh turned down the request from his people who would not like to see him risk his privileged position as a president. If persuasion is the goal, then by virtue of recognizing the common danger Jammeh, the agency, was alluding to, the audience must have supplied and contributed to the proof for its own persuasion. Bitzer pointed out that “owing to the skills of the speaker, the audience itself helps construct the proofs by which it is persuaded” (p. 408).

Further identification is noticeable when Jammeh, the agency, employed “we” in reference to his people coupled with his personal commitment to fighting the disease. Jammeh demonstrated further identification with his people by administering the herbal concoction to the patients himself. This helped Jammeh to forge unity with his people in fighting a common enemy—the neocolonialist West and their local appendages.
(counteragents)—whose purpose Jammeh was working to reverse. As an agency on his way to fulfilling the will of Allah (agent) and becoming the hero of the scenes, Jammeh demonstrated that he stands with his people in confronting the adversities brought upon them by the neocolonialists (counteragents).

After demonstrating his concern for the plight of his people, Jammeh (agency) reiterated his claim for a cure for HIV/AIDS and proclaimed his success at curing those he took in for treatment earlier in the year. Jammeh pointed out:

I declared to the whole world that I can cure AIDS and if I show any fear for any patients that means that I cannot cure it. So, if I don’t touch the patients am not confident in my declaration that I can cure HIV/AIDS. (Government of the Gambia, 2007, June 17, para. 3)

As indicated above, Jammeh (agency) did not only reiterate his ability to cure HIV/AIDS, but he also underscored his expertise by his ability to touch the patients he claimed to have cured or able to cure. Jammeh argued that his ability to touch and treat PLWHAs was benchmarks that did not only make him a committed leader to the cause of his people, but that also confirmed him as a healer who was not afraid of the disease he claimed to be able to cure.

Jammeh then proceeded to invoke the Almighty Allah in explaining his position. Jammeh pointed out:

I don’t claim to be God, I don’t claim to be a prophet but I have every right to claim that am a God fearing person…I do everything possible to please the Almighty Allah, and I pray to Allah. I am not looking for popularity, wealth, but
all what I seek is the pleasure of the Almighty Allah. The most important world that we all aspire of is the kingdom of Allah in heaven. Whatever I do in this world, I do in pursuit of the next world. (Government of the Gambia, 2007, June 17, para. 4)

At this stage, the shift from the HIV treatment inaugural pentad, where Jammeh was the agent using a scientific cure for HIV/AIDS, to Jammeh being used by the Almighty Allah as agency for his purpose became clearer. In Jammeh’s portrayal, it was not by his own power that he decided to take on the neocolonialists. As Jammeh explained, he was only doing the will of the Almighty Allah (agent) because he, Jammeh (agency), is a God-fearing person who would do anything to please the agent, Allah. To Jammeh, there was another world—heaven—where only good works, such as he is doing, can qualify one to enter. By this depiction, Jammeh inferred that the neocolonialist west—with malevolent purposes of exploitation, domination, and annihilation—was unqualified to enter that next world. This is because neocolonialists’ evil acts departed from the Almighty Allah’s purpose for mankind.

In addition to now placing his healing program under the authority of the Almighty Allah (agent), Jammeh (agency) by the same token demarcates the world into the sacred and the profane. Some acts qualified one to enter the sacred world—the Kingdom of the agent, Almighty Allah, in heaven. For the neocolonialist West who targeted their fellow human beings for annihilation or exploitation—as in the HIV origin and the ARV exploitative pentads respectively—their malevolent acts disqualified them
in the share of this heavenly kingdom that awaits only people like Jammeh (agency) who enacted the purpose of the Almighty Allah through their humanitarian interventions.

By branding himself as an instrument of the Almighty Allah (agent) in the above statement, Jammeh’s audience could interpret that Jammeh was only a messenger of the Almighty Allah. Allah sent Jammeh to rescue his people from the man-made scenes created by the neocolonialist West. As agency, or means, Jammeh lacked any powers of his own; Jammeh was only at the beck and call of a higher authority to save Black Africans, and, indeed, the entire human race living with HIV/AIDS from the machinations of the neocolonialist West. In this case the cure was not in the power of Jammeh, but in the hands of the Almighty Allah.

For a society like the Gambia, with a Muslim population of over 90 percent, there is nothing more credible than the one coming from the Almighty Allah (agent). Since the Almighty Allah is the source of all things, the anticipated questions of the source of the herbal concoctions and Jammeh’s know-how—as in the HIV treatment inaugural pentad—are answered by alluding to the Almighty Allah (agent) as the source of the cure. In this case, Jammeh attributed to Allah’s revelation the cure for HIV/AIDS.

At the conceptual level, this may raise questions of the kind of relationship that exist between religion and science. Is it a matter of conflict, accommodation, or separation? (Guessoum, 2012). From the perspective of a tradition Bigliardi (2012) described as oppositional to the scientific method, the Qur’an is the source of all science and the root of all knowledge. For this tradition, with notable Islamic scholars such as Seyyed Hossein Nasr and Ismail Raji al-Faruqi, the Qur’an is the source of all
knowledge. Al-Faruqi (1995) pointed out that there is no separation between science and God (agent). “The concept Tawhid, the unity and unicity of God, is recognized. Tawhid, in al-Faruqi’s view, is pivotal, for without it …there would be no Islam” (p. 19). In this case, Allah (agent) is the one and only source of all phenomena. At the epistemological level, according to al-Faruqi, it is God (agent) who motivates and guides the investigation of nature. Al-Faruqi (1995) described God as “Islam’s highest rationality” (al-Faruqi, 1995, 71). Similar to al-Faruqi (1995), Nasr (1981) pointed out that human beings are endowed with a “supernaturally natural function” which is intellect (Nasr, 1981, p. 5). Through the intellect (agency) it is possible to know the absolute (agent), which is the superior spiritual levels from which everything is derived (Nasr, 1981). Thus, Jammeh’s allusion to Allah as the source of his HIV/AIDS herbal concoction fits within the the Islamic framework of understanding science, health, and illness, or what Bigliardi (2012) referred to as the *oppositional stance*.

To adherents of the *oppositional stance*, attempts to separate science (agency) and God (agent) are desacralization of knowledge of which Descartes’ reduction of knowledge to individual reason and the separation of mind and matter is an example. Therefore, those who questioned Jammeh’s (agency) expertise are only questioning the revelatory powers of the Almighty Allah, a sacrilegious act.

It must also be noted that, by inserting the Almighty Allah (agent) into the equation, any harm that would befall Jammeh’s (agency) patients as a result of the application of the herbal concoction was perfectly within the will of the agent, Allah. It is not the responsibility of the agency, Jammeh. For example, on the occasion of the first
anniversary of his cure program, Jammeh pointed out that “among the patients [PLWHA], there were two cases of death… they died from the consequences different from AIDS. I also made it very clear that somebody whose time is up, I can’t do anything about it (Government of the Gambia, 2007, June 17, para. 21). In a situation like this, a pathological examination within biomedicine would have been the process by which the cause of death would be determined. But by invoking the name of the agent, Allah, the cause of death can be explained by Allah’s messenger, Jammeh. It was only Jammeh, who communicated with the agent, Allah, for the revelation of the cause of death. By employing his Allah-inspired-liberation narratives in which Allah rescued his people, Jammeh (agency) did not only employ identification, Jammeh also used eunoia, or what Aristotle described as goodwill toward the audience (Garver, 1994). This choice underscored Jammeh’s credibility (ethos) as an expert healer ordained by the agent Allah to liberate his people (purpose) to commit good deed.

Analogous to Jammeh’s first HIV/AIDS treatment pentad, Jammeh was aware that he would have to contend with hostile forces in order to defeat the ultimate purposes of the neocolonialists. Jammeh also recognized local opposition. With regard to the neocolonialists, Jammeh (agency) took all the necessary precautions to forestall any clandestine activities of the neocolonialists that might foil his rescue mission. Jammeh (agency), therefore, exposed the intimidation tactics the neocolonialists had adopted to prevent him from curing PLWHAs. This was because the Almighty Allah’s (agent) cure for the disease has become an affront to their grand agenda of exploitation, domination, and annihilation. Jammeh, thus, reassured himself and his audience that he was not the
one to run away from the battle. For Jammeh, it was the insults and attacks that strengthened him to face the battle as he revealed:

From the date when the first results of the PCR were announced…I have been the subject of negative western press. But the greenest and the best tree in a plantation, that is a tree which is germinated in a place where there is more fertilizer…all the negative propaganda, all the bad names that they call me is the fertilizer for the tree call Yahya Jammeh. (Government of the Gambia, 2007, June 17, para. 7)

To Jammeh (agency), the intimidation tactics of the neocolonialists only strengthened him to continue with his good work. Jammeh was aware that he must keep his eyes on the purpose of reversing the scenes and establishing Allah’s purpose than to succumb to the neocolonials’ machinations.

It is important to also note that, in the same quote above, Jammeh (agent) reverted to his scientific (agency) claims as in his HIV treatment inaugural pentad when he referred to Polymerase Chain Reaction (PCR) test for HIV patients, a source of contention between him and his adversaries. As I pointed out earlier, this integration raises conceptual and epistemological questions. For those who view science as a distinct field with its own rules and logic, this is a deviation from the ways of science.

There are others who regard science and religion as belonging to different spheres. For example, the Iranian scholar Mehdi Golshani rejects the Tawhid position of God (agent) being the source of all knowledge. According to Golshani (1997), rejection of human reason “merely replaces an explicit philosophy with an uncontrollable and
naïve philosophical outlook” (p. 75). In the Qur’an, Golshani (1997) finds concepts related to what he sees as a sound philosophy of science: an emphasis on sensory knowledge, but also on the necessity of transcending it through intellect (Golshani, 2003, p. 185-200), a belief in unchangeable patterns underlying natural phenomenon that helps the systematization of knowledge and the principle of general causality (Golshani, 2003). From this viewpoint, while there is the recognition of “inspiration” and enlightenment as a means of knowing the divine, which is similar to Jammeh’s revelation, that cannot be part of the process through which scientific knowledge is pursued, since enlightenment and inspiration are only bestowed on saints (Golshani, 2004a). The implication here is that one can be a Muslim and still pursue scientific knowledge; one only needs to bracket his or her faith in following laid down procedures of science for its own sake.

Similar to Golshani (2003), Guessoum (2008) dismissed the search for scientific notions in the Qur’an as a vehicle for pseudoscience and misunderstanding of scientific methods. According to Guessoum (2011), science, properly understood, should always be given priority in reading the Qur’an. This does not mean that science has to originate in the Qur’an itself, nor that scientific knowledge is the only tool through which it should be interpreted (Guessoum, 2011, chapters 6 & 7). According to Guessoum (2011), “science must be grasped in its mathematical aspects and its falsifiability” (Guessoum, 2011, 175). Bigliardi (2012) termed this position as accommodation, which is contradictory to the oppositional stance. For this tradition, Jammeh’s (agency) claims are pseudoscience. It must be recognized that this position is similar to the position of the scientific approach
or biomedical stance from which Gwaradzimba, Coovadia, and Filipe condemned Jammeh’s claims as unscientific.

Jammeh (agency), aware of these challenges from both the biomedical model and the Islamic accommodation tradition, revised his strategy in his treatment program. To this end, Jammeh (agency) decided not to discharge the patients he cured. Jammeh (agency) ensured that he proves the neocolonialists wrong by keeping those he cured of the disease beyond the three months’ timeline within which PLWHAS who are off ARVs are supposed to die from AIDS. “I didn’t discharge them to go home... Because…they said that anybody on ARV if you stop taking it, you will die in 3 months. That is why I kept the spirit for 6 months…I kept them for another 3 months, [Sic]” Jammeh explained (Government of the Gambia, 2007, June 17, para. 10 &11). From this statement, it can be suggested that the agency, Jammeh, was convinced that that if PLWHAs in his care could survive beyond three months, taking only his herbal concoctions, then he had successfully demonstrated the efficacy of his Allah-revealed scientific herbal concoction by practical means.

Having effectively scapegoated the West, Jammeh (agency) warns his patients that the enemy still lurked. In Jammeh’s estimation, the neocolonialists’ tentacles were so pervasive that the neocolonialists’ failure to stop him, would make the neocolonialists turn their attention to PLWHAs. Jammeh, Allah’s agency, warned those he was about to discharge to be vigilant to avoid being re-infected through Western manipulations. “If somebody comes to fool you [in reference to the West]…and you allow the person to tamper with your blood system, if you are re-infected, I will not treat you…my treatment
is not a vaccination against reinfection,” Jammeh warned (Government of the Gambia, 2007, June 17, para. 17). In saying so, Jammeh alerted PLWHAs to what the current threat looked like and what they could do as responsible individuals to maintain their new status of HIV/AIDS-free identity. In Jammeh’s estimation, if PLWHAs he cured were re-infected, that would undercut his credibility and setback the very scenes he had worked so hard to conquer. They must, therefore, avoid acts that would dispose them to come into contact with the virus, including the awareness of Western manipulations.

Even though Jammeh failed to explain the exact ways in which the neocolonialists would re-infect those he cured, the audience could read the text in a couple of ways. The audience could attribute mystical manipulations by the neocolonialist West, whereby PLWHAs Jammeh (agency) cured of the disease (purpose) could be re-infected through spiritual means. This is consistent with beliefs in the traditional cosmology, where the belief is rife that STDs could be transmitted through the air, food, or even just by mere contact. It can also be inferred from the artifact that Westerners, counteragents, through any request for a clinical test to confirm or disconfirm Jammeh’s claims, could surreptitiously contaminate the blood of PLWHAs to demonstrate the failure of Jammeh’s herbal concoction.

The audience could connect with Jammeh’s assertions of intimidation, derision, and resistance from both the local front and the neocolonialists’ front, based on their understanding of the Qur’an. For even the Prophet Muhammed who was chosen by Allah (agent) to save his people—just like Jesus, Moses, and other prophets—was derided and persecuted by the people of Mecca for about ten years. This was because the Prophet
Muhammed was up against the exploitative political structure in Mecca (Espito, 1988).
The point is that, for Jammeh to be up against the all-pervasive neocolonialists’
exploitative influences (purpose), the Islamic audience would agree that, just like all the
prophets before Jammeh, he would be derided and persecuted together with his followers.

Lessl (2007) uncovered symbolic similarities between science and religion which
offers insights into the above symbolic representations of Jammeh concerning the
challenges Jammeh faced in implementing his cure program. According to Lessl (2007),
science has retained certain symbolic religious representations which gave science an
upward push to an elevated status. Brook (1991) pointed out that “the elevated
expectations that persist in scientism appear to have been created through a rhetorically
forged alliance with religious ideas. Because of this, the counterpart in early modernity to
the scientific idea that the scientific life is the only life was found in the notion that the
Christian life was the only life” (p. 124). But after its establishment at the top of the
hierarchy of socially sanctioned vocations, science designated the religious values it
appealed to as lying outside its realm (Lessl, 2007). With a visual allusion to the
*Christian Ichthus* and the *Darwin Fish*, Lessl (2012) distilled comparative representations
between religious symbols in the *Ichthus* that are identifiable in the Darwin Fish, a
symbol of scientism. As a way of example, according to Lessl (2007), “inside the body of
the Darwin Fish, where the name Jesus or the Greek acrostic *Ichthus* might be found in
its religious counterpart, the name ‘Darwin’ now appears, and on the underside of that
body small feet have been added, suggesting that this fish is in some evolutionary
transition” (p. 133). This is a clear demonstration of a pattern of signification that modern
science has retained from its successor, religion.

This idea resonates with Tillich (1951) who pointed out that the connection
between science and religion remains alive because religious representation is the typical
vehicle of “ultimate concern” (p. 2). To the extent that scientism is such a concern,
religious patterns will manifest in its discourse. To the extent that narrative and
apocalypticism are vehicles of representation in religion, they become part of the
scientific language Jammeh exhibits in his representation.

In yet another example of the ancestral linkage between science and religion,
Lessl (2007) underscored analogy as a narrative form which serves as a vehicle for both
religious and scientific communication. Lessl (2007), quoting Bacon, referred to
Daniel’s prophecy (1:24) that “Many shall go to and fro, and knowledge shall increase”
(p 129). According to Lessl (2007), Bacon likened this to the declaration in his *Novum
Organum* (1620) as an oracle “touching the last ages of the world,” and this meant that
global navigation and the advancement of the sciences, are destined by fate, that is, by
Divine Providence, to meet in the same age” (p. 129).

Viewing Jammeh’s reference to negative Western propaganda after the
announcement of his PCR test from the perspective of *symbolic representation*, the
similarities between attempts to scuttle the work of the Prophet Muhammed by the people
of Mecca and attempts by the neocolonialists to frustrate Jammeh’s healing program
could be drawn. When Jammeh pointed out that “from the date the first results of the
PCR were announced…I have been the subject of negative press” (Government of the
Gambia, 2007, June 17, para. 7), the audience can find historical evidence in the attempts by the people of Mecca to scuttle the salvation message of the Prophet Muhammed from the day he launched his crusade to speak against the ongoing evils in Mecca. In this case, ancestral features in the persecution of the prophet Muhammed are identifiable in the neocolonialists’ attempts to frustrate Jammeh’s healing program. As pointed out by Lessl (2007), this is a clear case of preexisting symbolic materials, in religion, being appropriated for new purposes of scientific communication.

Employing the science of evolution, Lessl (2009) again highlighted how religious symbols, even though masked, have made scientific symbols particularly potent resources of civic discourse. Lessl (2009) pointed out that the alignment of evolution with progress is not a matter of coincidence; rather, it is a symbolic configuration of the _nomos_ and _cosmos_ which was deeply rooted in the Enlightenment version of Christian eschatology. Lessl (2009) argued that, even though postindustrial scientific society rejected religious commitments, its public discourse, including the scientific, is saturated with the religious. In fact, the term progress had already made its appearance in religio-cultural discourse predating modern science. Lynch (2013), in an extensive evaluation of the architecture of the creation museum, similarly, concluded that religious narratives are part and parcel of the scientific discourse, since the religious discourse furnishes the scientific discourse with symbols which are already in civic use.

In a study of the creation museum in Kentucky, Lynch (2013), like Lessl (2007) and Tillich (1951), came to similar conclusions that religious symbols serve as a vehicle for scientific communication. Lynch (2013) argued that the creation museum can be
understood as a ‘spatial sermon’—a rhetorical performance in concrete that uses one’s movement through its space alongside the sequence of visual cues that one encounters…to produce its suasory force” (p. 2). Analogous to these positions, McLennan described a tripartite structure to conversion narratives in religion that are also adopted by the scientific discourse; “these are tension and dissonance; symbolic death purging the old identity; and redemption after adoption of a new identity” (McLennon, 1998). According to Lynch (2013), McLennon framed the conversion narratives of the antiabortion films *Eclipse of Reason* and the *Silent Scream* as issues of knowledge—moving from ignorance to awareness—and increased political activism through singular moment of confrontation and recognition (p. 3). This tripartite symbolic representation resonates with Jammeh’s scientific rhetoric. “From the date the results of the PCR were announced,” Jammeh, Allah’s agency, became “the subject of negative Western press” (Government of the Gambia, 2007, June 17, para. 7). This is because Jammeh, consonant with McLennon’s (1998) tripartite model, has purged the old identity of ignorance, no longer entertains any dissonance regarding the efficacy or inefficacy of his cure, and adopted a new identity of enlightenment about HIV/AIDS. To the extent that Allah’s agency, Jammeh, was no longer ignorant about HIV/AIDS and ARVs, he engaged the West, just as the antiabortion movement increased its activism.

After rhetorically providing what Jammeh, Allah’s agency, deemed credible enough to bolster his standing as a healer and delineating the dimensions of his healing program—which included international arenas—Jammeh, Allah’s agency, proceeded to itemize the “dos” and “don’ts” of his herbal treatment that must be observed by
PLWHAs who want to be cured. Jammeh pointed out, in reference to those he heals, that “you remember throughout your treatment, you never missed the five daily prayers…don’t abandon them when you go home” (2008, January 17, para. 13). Even though Jammeh also pointed out some dietary restrictions for PLWHAs, his warning to his patients not to abandon the five Islamic prayers revealed more about his prophetic model of healing.

In the same vein, Jammeh expelled those who refused to conform to his prohibitions. Jammeh did this to keep order with the goal of conquering the whole scene and defeating the neocolonialists West. Jammeh pointed out that “it is also important to tell Gambians that we have cause to expel three patients who violated all our rules, which was detrimental to the well-being of the patients…violate the rules, repeat it and go home. I will not take risk” (Government of the Gambia, 2007, June 17, para. 20). This certainly should serve as a warning for those who intended to benefit from Allah’s cure to obey the rules and regulations; otherwise, they could not achieve their goal of cure and restoration. Disobeying the rules would be moving out of the will of the Almighty Allah. Order is central to the success of Jammeh’s healing program. From Burke’s point of view, “there is sacrificial principle which is intrinsic to the nature of order because sacrifice leads to ultimate fulfillment of goals and rewards” (Burke, 1968, p. 450). The point is that PLWHAs must obey the rules, just as Jammeh did with Allah, so they can defeat the enemy.

On the part of patients, first, Jammeh warned that “anybody who says he will not be treated publicly should stay away,” because that is a condition Jammeh has to fulfil
Second, Jammeh acknowledged those he treated under the full glares of the national TV cameras were well-known in the Gambian and around the world. He pointed out “you are all known today in the Gambia. Internationally, all of you are known because, all your pictures are in the Internet [Sic.]” (2007, June 17, para. 17). Third, as corollary of the first and second points, Jammeh claimed he had fulfilled the governance requirements of transparency, accountability, and probity by the public display of PLWHAs he cured. Jammeh pointed out:

I want to thank every Gambian, the patients, the first batch that is the lead for the trust. They were subject to all sorts of ridicules. They heard all negative words, and accepting to appear on TV. From day one I became head of state, my slogan has always been transparency, accountability and probity…Today in the Gambia, AIDS is no longer the incurable disease. (Government of the Gambia, 2007, June 17, para. 18)

Jammeh claims that, by treating PLWHAs publicly on national TV and letting them proclaim their new health status as healed, he had defeated the purpose of the neocolonialists and reversed the scenes of devastation (purpose). From the above quotes, it is also inferable that anyone who refused to be treated publicly was attempting to frustrate the purpose of the agent—Almighty Allah—and his chosen agency—Jammeh—and that must not be allowed to happen.

Beyond these requirements, Jammeh gave his audience signs to look for in those he had cured. According to Jammeh, some of the people he had cured (purpose) could not
stand, walk, or climb unto their hospital beds by themselves when they first arrived for his herbal treatment. But within a matter of one week, after receiving his herbal concoctions, they were able to climb unto their own beds, stand, and even run for a long distance. In comparison with Western ARVs, Jammeh is convinced that his therapy is efficacious while Western ARVs are simply a hoax. The evidence was that those on his herbal concoction could perform activities they were not able to perform when they were on ARVs. “When Ousman came, he was on ARV and a lecturer at the School of Public Health, and by the time he came, he was not able to stand and lecture…But when he came to the crazy Dr. Jammeh…today he can run from Kanila to Kamfenda,” Jammeh asserted (Government of the Gambia, 2007, June 18, para. 14). To Jammeh, the fact that Ousman, a public health lecturer, turned to his herbal therapy must be a good sign that underscored his herbal concoction’s potency. Indeed, if anyone should condemn his herbal concoction, it should be those who are trained in biomedical ways. Therefore, for Ousman to abandon ARVs for herbal concoctions, then concoctions must be more efficacious than Western ARVs. That was why Ousman was able to perform many of the activities he could not perform prior to his herbal treatment (agency).

Jammeh was also convinced that being HIV/AIDS positive rendered the human body thin or skinny. Being plump or fat is a sign that one is healthy and no longer living with HIV/AIDS. To this end, Jammeh urged those who were still in doubt about his Allah-revealed herbal concoction to ask his patients about their weights. “Ask the patients, the clothes they were wearing before, now they cannot wear that. If my medication is false, I can tell you that, most of them would have been death [dead] by
now [Sic],” he declared (Government of the Gambia, 2007, June 17, para. 14). For Jammeh, looking fleshy or fat implied that one had recovered from HIV/AIDS (purpose). If one were to remain thin or slim, that would be an indication that one was still sick. Since PLWHAs, after taking Jammeh’s herbal therapy, could no longer wear their old clothes because they had outgrown them. In Jammeh’s view, this is a sign of the efficacy of his medicine. This, again, does not depart from the internal logic of being healthy in African societies. Unlike in biomedicine, where disease presence can only be determined through a laboratory test, within the traditional cosmology of health and healing being lean is an indication of disease presence. The obverse, being fat or plump, is an indication of being healthy.

According to Matoti-Mvalo and Puoane (2011), “in Sub-Saharan Africa, where HIV infection and AIDS are pandemic, the belief that weight loss is associated with this disease is widespread” (p. 40). Matoti-Mvalo and Puoane (2011) pointed out that 69.3 percent of those surveyed in South Africa associated body loss or being underweight to the presence of HIV/AIDS and only 10.2 percent associated being underweight to symbolize good health. They attributed this to the exposure of Black Africans to large numbers of sick people who have no means of satisfying their basic needs, including food. This idea resonates with McCormick et al. (2014) who pointed out that wasting or being underweight became one of the criteria in defining HIV/AIDS in Sub-Saharan Africa.

In this case, Ousman and those who had become so plump after Jammeh’s Allah-revealed herbal intervention (agency) became proofs for the efficacy of Jammeh’s herbal
concoction. The herbal concoction defeated Western bio warfare (purpose). From being part of the scene of devastation, they became proofs via which Jammeh underscored his own credibility and the efficacy of his herbal concoction.

Jammeh also revealed other aspects of his medication that are consonant with the local understanding of traditional health and healing in African societies. Within the traditional model of health and healing, a single herbal concoction can be projected as cure for multiple illnesses. In the same vein, a single healer can have the knowledge of curing multiple illnesses. In Jammeh’s HIV/AIDS treatment inaugural pentad, Jammeh introduced himself as doctor who could cure HIV/AIDS. In the same pentad, Jammeh also mentioned his capacity to treat asthma. “As far as I am concerned it takes only five minutes to cure asthma. I have other medicinal herbs that can take care of a number of illnesses,” he revealed (Government of the Gambia, 2007, January 18, para. 5). By the ARV exploitative pentad, when Jammeh, Allah’s agency, was celebrating the first anniversary of Allah’s revelation of cure (act), the audience is informed of new discoveries:

We have treated so many diseases, but I will only tell you the latest and that is if you are paralysed there 99% likelihood that you will be able to walk again…with regards to fertility treatment…if it is the wife and you have not gone beyond the age of bearing children, ‘inshallah’ if you take my medicine, you will have a baby. (Government of the Gambia, 2008, January 17, para. 7 & 8)

In the same artifact, Jammeh made mention of his ability to also cure cancer. Jammeh pointed out that “the medications we give to people also takes care of skin
cancer, come to my clinic. One dose you are ok” (Government of the Gambia, 2008, June 17, para. 14). From these claims, it is inferable that Jammeh’s herbal agency conforms to the indigenous understanding of herbal medicine, whereby a single concoction can cure multiple illnesses, just as a single healer can be a generalist. In this regard, both Jammeh and his herbal concoction, as Allah’s agencies, are multipurpose. Unlike in biomedicine, where specific medications are meant for specific illnesses as well as physicians specializing in the treatment of specific sicknesses, Jammeh, Allah’s agency, alone is the internist, the orthopedic surgeon, the infertility specialist, and the HIV/AIDS practitioner, just as his herbal concoction is capable of curing HIV/AIDS, asthma, cancer, paralysis, etc.

Finally, Jammeh declared the scenes of desperation under his control (purpose). Jammeh pointed out that “what I said, I will repeat it. I will get rid of the AIDS virus in your bodies. Those who we think the virus is finished in their body, are those discharged. I made it clear” (Government of the Gambia, 2007, June 17, para. 15). With this said, Jammeh discharged his patients and declared the scene subdued (purpose). In declaring the scenes subdued, he proclaimed “to those discharged, at least, I am vindicated that I have done what I said I can do” (Government of the Gambia, 2007, June 17, para. 16). It must be noted that, by doing the will of Allah, the agent, Jammeh did not only neutralize the HIV virus, Jammeh also defeated the employment of ARVs as exploitative mechanisms by the neocolonialist West. In this regard, Jammeh established the purposes of Allah over the scenes—saving PLWHAs and conquering the neocolonialists’ bio warfare.
Jammeh’s first anniversary speech provided Jammeh the platform to reiterate the source of his medication and to reassure his audience that the scenes of devastation were firmly under his control as agency of Allah. Jammeh pointed out that “I want to thank the Almighty Allah, who created me and gave me all the knowledge that I use to cure humanity…without the Almighty Allah you cannot do anything” (Government of the Gambia, 2008, January 17, para. 2 & 4). With this assertion, the audience was made aware that Jammeh was still acting within the will of the Almighty Allah, the agent. Jammeh, then, declared “I made it very clear what my treatment is about with regards to HIV/AIDS. My medication eliminates the virus itself so that you will not be sick again. And we discharge you only when the machine that said that you are HIV positive now declares that you don’t have the virus in your body. (Government of the Gambia, 2008, January 17, para. 10)

From the analysis, the agent-agency ratio dominated the elements of the speeches in this section of the analysis. With the agent as the dominant term here, the corresponding philosophy is idealism (Burke, 1945). According to Burke (1945), quoting from the Encyclopedia Britannica, “an epistemological factor is considered uppermost [in idealism], as idealism is said to hold that ‘apart from the activity the self or subject in sensory reaction, memory and association, imagination, judgement and inference, there can be no world of objects’” (p. 171). Burke (1945) also pointed out that reason and mind are conduits via which we understand the universe. As a feature of the idealistic philosophy, Burke (1945) also explained that “idealistic philosophies think in terms of the ‘ego,’ the ‘self,’ the ‘super-ego,’ ‘consciousness,’ ‘will,’ the ‘generalized I,’ the
‘subjective,’ ‘mind,’ ‘spirit,’ the ‘oversoul,’ and any such ‘super-persons’ as church, race, nation, etc.” (p. 171).

Viewing Jammeh’s claims of cure for HIV/AIDS from the idealistic perspective, Allah’s revelation was not only subjectively understood by only Jammeh, it also revealed both the oversoul and the super-person from the perspective of Burke (1945). As an oversoul, it is only his chosen agency – Jammeh—who could communicate with the agent to understand what steps were necessary to reverse the scenes of devastation. Jammeh himself achieved this transcendental unity with Allah because he is a super-person who possessed qualities others do not possess. It is his obedience to Allah that made him the special one who could convey Allah’s healing messages to Black Africans and rescue them from the neocolonialists. Burke (1945) cautioned that, because of its stress upon the agent, idealism can lead to bias or the subjective. This outcome is seen in the revelatory claims of Jammeh. According to Burke (1945) “because of its stress upon agent, idealism leads readily into both individual and group psychology. Its close connection with epistemology, or the problem of knowledge, is due to this same bias” (p. 172).

King (2009) also pointed out that “those who speak of the indispensable person are emphasizing the importance of the agent in human affairs” This indispensable person triumphs in spite of obstacles, setbacks, and enemies (p. 170). For Allah as agent, his chosen agency, Jammeh, must exhibit acts of valor, characteristic of the Almighty Allah. This is consonant with King (2009) who asserted that “character is seen as far more important than the force of circumstances” (p. 172). In this regard, the question may be posed as to what the character of the agent, the almighty Allah, is. As observed through
the ages, the agent has never failed mankind in the most difficult of circumstances. From Ibrahim, Isa, to the Prophet Muhammed, Allah has constantly demonstrated his faithfulness to individuals like Jammeh who heeds his call. Therefore, no matter how difficult the setbacks, the obstacles, and the circumstances of HIV/AIDS are, Allah’s chosen agency—Jammeh—would triumph. This is in concordance with Foss (1989) who pointed out that “if the agent named is a staid professor, we expect that character to perform acts that exemplify intelligence, seriousness…[not] acts of frivolity and silliness” (p. 340). Allah’s omnipotent and omniscient was, therefore, revealed by Jammeh when Jammeh reversed the scenes of devastation and exploitation (purpose).

Foss (1989) affirmed that idealism is “the system that views the mind or spirit as each person experiences it as fundamentally real” (p. 342). This assertion can be tied back to the subjectivity and the bias that Burke (1945) highlighted in his definition of its epistemological features. The point is that, since Jammeh alone communicated with Allah, his assertions could not have been more subjective and biased than Jammeh posited about his cure for HIV/AIDS. In Jammeh’s idealistic worldview—which is his fundamentally reality—HIV/AIDS is no longer incurable. The signs were that individuals who Jammeh cured can now run, walk, climb, and do all the things they were unable to do prior to their treatment. Similarly, Jammeh’s Allah-revealed treatment (act) also ensured that the virus was cleared from the systems of those Jammeh cured, so they looked plump and could appear on the Gambian national TV to proclaim the success of Jammeh’s herbal concoction.
This, however, raises the question of why the Almighty Allah allowed the material scenes of devastation in the first place, if Allah is omnipotent and omniscient? To this, the Qur’an answers that suffering occurs as a result of sin or a test of faith. In this dramatic scene, Allah’s agency reminded PLWHAs not to abandon the five daily prayers (Government of the Gambia, 2008, January, 17). This can be interpreted as, having been polluted by sin and purified by Allah-revealed herbal concoction, PLWHAs must keep faith with Allah by adhering to his moral and natural laws. This is in line with the Islamic belief that suffering does not only open up the soul and reveals it to Allah, but suffering is a result of sin. Allah, therefore, uses suffering to look within humans and test their faith or character (Davies-Stofka, 2015). To this end, Allah only used the neocolonialists to test the faith of Black Africans.

What is noteworthy about the ratio is that, even though it was the Almighty Allah who was acting as agent to reverse the scenes of devastation that had enveloped the HIV/AIDS situation in Sub-Saharan Africa, the agent was unseen. It was his agency, Jammeh, who was present within the material scene carrying out Allah’s prophetic orders (act). Jammeh’s act of dispensing herbal concoctions, parading PLWHAs on TV, and giving out practical instructions within the scenes were, thus, the modality of the agent who employed his supernatural powers to subdue the scenes. The inference is that because the agent was so mighty, he would certainly reverse the scenes of destruction.

By parading PLWHAs Jammeh cured of HIV/AIDS on national TV, the audience could appreciate the reversal of the material scenes of devastation and exploitation, especially as they heard the evidence of recovery and well-being from Ousman and many
others who had been cured by Jammeh. To this end, even though Jammeh, acting in the name of the Almighty Allah, interpreted his purpose as saving PLWHAs and to conquer the neocolonialists’ bio war fare, the pentadic mapping of the ratio revealed Jammeh’s motivations for parading PLWHAS as a means of advertising his herbal concoction to the people of the Gambia, Sub-Saharan Africa, and the rest of the world in order to attract more PLWHAs to his healing sessions. King pointed out that “advertisers, propagandists, and hustlers of all kinds like to have us respond rapidly and uncritically to their messages. Hitler, Mussolini, Franco, and Stalin are known demagogues who took control of public media,” just like Jammeh, and exploited it unethically (King, 2009, p. 168).

By publicizing his herbal concoction, Jammeh hoped to evade the responsibility of providing ARVs for PLWHAs in his country. With the Gambia’s GDP per capita at $518 in 2011 (World Bank, 2014)—a limiting financial and materialistic condition—Jammeh foresaw a situation where donor support for ARVs would eventual dry up, compelling the state to expend its scarce resources on PLWHAs. With South Africa, Sub-Saharan Africa’s economic power house, expending $1 billion annually on AIDS-related spending by 2012, Jammeh could foresee a situation where his poor West African country would have to deplete the national budget on AIDS-related spending. Jammeh, thus, took steps to avert such a situation.

While this might seem like a noble act, the method via which the agency went about saving the national budget from being depleted on AIDS-related spending is depressingly unethical, especially at the expense of the life and health of vulnerable PLWHAs. The tragicomic elements of the acts must be recognized in the opposing truth.
claims. While Jammeh claimed that he had reversed the material conditions of PLWHAs and they were AIDS-free, the available statistics from the UNAIDS, the WHO, and other agencies involved in HIV/AIDS-related activities failed to reflect Jammeh’s claim. For example, by claiming that he was expected to be treating 10,000 PLWHAs in every six months, Jammeh should have cured all the people living with the disease in the Gambia alone within a year, since the number in the Gambia is less than 20,000 PLWHAs. A close examination of HIV/AIDS infection figures in the Gambia from the UNAIDS and the WHO, however, depicted the material conditions Jammeh claimed to have reversed remain the same with many thousands living with the disease in the Gambia. There is nothing more idealistic in Jammeh’s claim than these realities that confront Jammeh and the Gambia.

The tragedy, on the one hand, is that the lives of vulnerable PLWHAs have become Jammeh’s play thing. On the other hand, the tragic-comical nature of Jammeh’s claim to have reverse the material scenes tend to depict an almost a delusional grandeur if viewed from the biomedical perspective, as the material scene from the biomedical perspective remains unchanged.

4.4.1. Implications of claims and the HIV/AIDS treatment discourse. By accepting Jammeh’s model of cure for HIV/AIDS, both Jammeh and his audience alluded to the power of revelation. This is similar to cases in which Allah used human agents to accomplish his healing purpose. In this case, the power of Allah subsumed all scientific methodologies. The implication is that, where biomedicine has failed, Islamic-Prophetic
treatment has succeeded. It also be implied that biomedicine failed because it failed to recognize the place of the Almighty Allah in its processes. Thus, anyone who is living with HIV/AIDS must turn to Jammeh’s herbal concoctions to be cured. For those who accepted this view of HIV/AIDS, their views could be encapsulated in two ways. First, to be cured of HIV/AIDS, one must take Jammeh’s herbal concoctions. Second, taking ARVs would interfere with one’s biological makeup and eventually kill the individual who consumed biomedical ARVs. To be safe, therefore, one must avoid consuming the neocolonialists’ ARVs because they are outside the will of the Almighty Allah.

Viewing Jammeh’s cure-concept from this terministic screen, the acceptance of the cure-concept, or the rhetoric of it, by the audience was only a matter of what was already known to Jammeh and members of his Islamic audience. To Jammeh and his adherents, they are convinced about the Islamic ways of understanding health and healing, which is akin to the oppositional stance. To this tradition, there is nothing new about the Almighty Allah using his powers to heal his people through his agency, Jammeh. If the understanding in Islam is that no illness can resist the will of Allah—for “whatever illness of heart or body, the Qur’an contains the way pointing to its remedy” (al-Jawziyya, 1998, p. 250)—then there was nothing novel about Jammeh’s claim. Based on Anderson’s (1998) study, which found thousands of storefront Islamic chemists where natural vegetal and herbal concoctions were dispensed as a cure for many disease in the Gambia, coupled with the fact that over 90 percent of Gambians are Muslims, there should not be anything surprising about the Gambian audience’s positive response to Jammeh’s claims.

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Besides replicating the Islamic model of health and healing, similar to the oppositional stance, Jammeh’s cure-concept also shares some common traits with the traditional or witchcraft and indigenous Christian views of HIV/AIDS. According to Shoko (2007) some Christians believe that those who repent and turn to God will be healed. To them, since God is the source for all things, including HIV/AIDS, God also has the power to heal PLWHAs. Healing performances, similar to Jammeh’s, are thus performed based on Biblical texts (Shoko, 2007; Tagarasei, 2010; Watt et al., 2009). For the traditional or witchcraft view of HIV/AIDS, the “unnaturalness” of the disease, which implies the destructive intervention of supernatural powers invoked by men, requires supernatural interventions, a concept in tandem with Jammeh’s cure-concept (Green, 1992; Green et al. 1996; Nzima et al., 1996; Schoepf, 1992). Since the traditional or witchcraft, Christian, and Islamic-prophetic revelations share similarities in their construction of HIV/AIDS cure, the implication is that there need be no terministic shifts in the nomenclature of these three models as a result of Jammeh’s claims. The notion of cure for HIV/AIDS is already present in the terminologies of these health and healing models.

For the symbolic interpretations of Jammeh’s claims, the quest is not to provide answers for the epistemological correctness of Jammeh’s treatment practices. The quest is simply to demonstrate the presence of both the religious and scientific nomenclatures that are present in Jammeh’s claims. Lessl (2009), in treating science as a source of public communication that manifests religious meaning, limited himself to the civic dimension of scientific communication. Lessl (2009) considered social knowledge rather than
scientific knowledge. The implication is that the *symbolic representations* tradition is not concerned about Jammeh’s epistemology and cannot adjudicate the accuracy of Jammeh’s epistemology concerning HIV/AIDS cure. The implication is that the symbolic representation tradition tends to be neutral in the epistemological and ideological struggle between science and religion.

However, the *accommodating tradition* in Islam—similar to the position of biomedicine—will reject Jammeh’s stance as pseudoscience. Jammeh’s practices violate the mathematical and falsifiability aspects science. The implication for this tradition, too, is that there is no definitional shift. What has occurred is simply pseudoscience (Guessoum, 2011).

From the rhetoric of science, as opposed to Jammeh’s Islamic-prophetic healing rhetoric, there are logical standards that scientific discourse is expected to meet. According to Prelli (1989), “the values embedded in the procedures called ‘scientific method’ identify topical-logical qualities scientific discourse is expected to display and by which the logical legitimacy of scientific claims are judged” for legitimization (p. ix). According to Prelli (1989), the first step towards the scientific process is the identification of exigence. This may be a gap in the collective body of knowledge or pocket of data unaccounted for by theory, etc. As informed scientists focus what the problem is, it becomes an exigence for which propositions can be established to engender explanation, prediction, and control of the phenomenon. Thus, the exigence becomes a rhetorical exigence for which a “scholar attempts to convince interested colleagues that he or she has a solution” (p. 23). It was the lack of cure for HIV/AIDS that was Jammeh’s
exigence. But if Jammeh wished to incorporate the scientific model collaboratively into his revelatory model in addressing the exigence from the rhetoric of science, or the biomedical model, Jammeh would have to adopt its terministic screen fully by meeting its requirements. The implication is that Jammeh would have to address the problem in specific ways, adhere to analytical models within the scientific orientation, and follow the criteria for evaluation in this model. More so, members of community of interested scientists or scholars must judge the results of Jammeh’s proposition for a cure for HIV/AIDS at professional meetings at which his work is accepted, rejected, or he is asked for revisions. In this regard, Jammeh would have been satisfying the principles acceptable to the scientific community.

This is what the former coordinator of the U.N.D.P in the Gambia was referring to when she castigated Jammeh for pursuing an unscientific and dangerous means to claim a cure for HIV/ADS. For Jammeh’s claim of cure to be become officially incorporated into the biomedical stock of knowledge, Jammeh must engage those empowered to authorize or test his claims within the terministic orientations of biomedicine with reference to its values, and any concerns, concepts, and techniques shared by members of its knowledge community.

In sum, the pentadic mapping of Jammeh’s claim of a cure for HIV/AIDS suggests Jammeh spoke from the Islamic-prophetic terministic screen, similar to what Bigliardi (2013) referred to as the oppositional stance to the scientific methods. Any attempt to infuse scientific methods into the Islamic-prophetic terministic screen requires that Jammeh adheres to the procedural requirements of science. Considering the fact that
Islamic healing models, traditional or witchcraft models, and the Christian models all recognize the place of a higher unseen being who intervenes in the affairs of men with a cure, the conclusion remains that Jammeh simply spoke the language available within his terministic screen. In this case, Jammeh was only an agent of the Almighty Allah. In reality, Jammeh only replicated the hucksterism of traditional medicine in storefronts in the Gambia using state apparatus.

4.5. Allah—Hero of the Scenes

The second set of selected artifacts—*New Year message by His Excellency Sheikh Professor Alhaji Dr. Yahya A.J.J. Jammeh President of The Gambia on 31st December 2012* and *President Jammeh announces new cures at 7th anniversary of breakthrough*—are analyzed in this section to track for any changes—new additions or any recantations—in Jammeh’s claims over the last seven years since Jammeh made his first public declaration of instituting his HIV/AIDS cure program. While the first speech marked the end of the year 2012, the second marked the seventh anniversary celebration of Jammeh’s purported discovery of a cure for HIV/AIDS. In this pentad, the following elements are identifiable:

Scene:     Continuing cure for PLWHAs

Agent:     Almighty Allah

Acts:      Treating PLWHAs

Agencies:  Jammeh/Herbal concoction/Hospital

Purposes:  To keep a firm grip over conquered neocolonial bio warfare
From the revelation of the origin of the disease, claim of a cure, and the public performances with regard to his healing sessions, Jammeh (Allah’s agency) believes he has been successful in treating HIV/AIDS using his Allah-revealed herbal concoctions. In this regard, he has successfully scuttled the destructive purposes of the neocolonialist West, subdued the scenes of destruction, and established the purpose of Allah, the agent, over the scenes of destruction. Jammeh, as the hero of the scenes, thus, declared victory both at the ideological level and the practical level. He pointed that “HIV is no longer a problem” (Government of the Gambia, 2014, January 17, para. 6). From this declaration, Jammeh informed his audience that he has successfully employed Allah-revealed herbal concoctions to conquer the neocolonialists’ bio warfare against Black Africans. To the extent that Jammeh was successful in this endeavor, Jammeh became the agency-hero of the scenes created by the West. Having taken control of the scenes, Jammeh could dictate the terms on which the HIV/AIDS and the ARVs discourse should proceed. In these dramatic scenes, Jammeh’s character, an inner resource, coupled with the invincible powers of Allah, was more powerful than the scenes and the purposes of the West.

Jammeh warned his audience that even though he has taken charge of the scenes, by the power of the Almighty Allah, the vanquished neocolonialists still lurked around finding ways to torpedo his accomplishments. But Jammeh was very much aware of their machinations and would never allow them to reverse the scenes in order to reinstate their exploitative and dominating agenda. Jammeh pointed out “I will never be discouraged as far as this treatment is concerned. Because I am not doing it for popularity or to amass wealth” (Government of the Gambia, 2014, January 17, para. 2). The notion of wealth
was so important to Jammeh. Jammeh’s conviction, as in the ARVs exploitative pentad, that ARVs were being employed by the neocolonial West remained intact. In this regard, Western actions remained focused on the desire to make money even at the expense of human life. As the agency-hero-figure, Jammeh assured his audiences that he would continue to employ his Allah-revealed herbal concoction to fend off the neocolonialist West from exploiting and dominating Black Africans.

Since Jammeh was convinced he has been successful in curing HIV/AIDS, Jammeh reinforced his initial claim of a cure for the disease in two ways. First, in his End of Year 2012 or New Year 2013 message to his countrymen via TV, Jammeh declared his intention to build a hospital in the Gambia for the treatment of HIV/AIDS using natural medicine. Jammeh declared:

I intend to build a one thousand, one hundred and eleven beds multi-purpose hospital dedicated to the treatment of HIV and AIDS patients…I will bank on the benevolence of the Almighty first and foremost and the kind hearted members of the human race through fund-raising…This hospital I hope will be inaugurated and fully operational by 2015. We intend to treat ten thousand HIV/AIDS patients every six months through natural medicine. (Government of the Gambia, 2012, December 31, para. 29)

In this declaration, Jammeh (agency), who is now the hero of the scenes, through the power of the Almighty Allah (agent), subdued the scenes of devastation, where millions of Black Africans were once without ARVs or a cure for HIV/AIDS (purpose). Using herbal concoctions, Jammeh fulfilled the purpose of the Almighty Allah (agent).
To Jammeh, his successful treatment of HIV/AIDS and the successful provision of alternatives to Western ARVs (acts) must be trumpeted on a special occasion of New Year’s Eve, not only to the people of the Gambia, who are living with the disease and their families, but also to a world that is weary of the devastation caused by the disease. This announcement also underscored earlier assertions that Jammeh planned to expand his therapeutic program beyond the borders of the Gambia. Since there are about 20,000 PLWHAs in the Gambia (UNAIDS, 2013), if Jammeh is treating 10,000 people in every six months, Jammeh would be expected to complete treating PLWHAs in the Gambia alone in a year. The inference from the declaration to treat 10,000 PLWHAs in every six months is that Jammeh is expecting to be treating PLWHAs from other global destinations, not only the Gambia and Sub-Saharan Africa. This is in line with the scenes Jammeh created in the HIV origin and ARV exploitation pentads.

Further analysis underscores Jammeh’s global intentions. In marking the seventh anniversary of his discovery, Jammeh pointed out that he would be treating all people irrespective of race, religion, and color. “I am doing it [in apparent reference to his herbal healing sessions] for the sake of mankind, irrespective of race, religion, color or origin,” he emphasizes (Government of the Gambia, 2014, January 17, para. 2).

From the above declarations, Jammeh extended his mission to rescue the human race in general from the devastating effects of HIV/AIDS. The idea is that, since he has been successful at home in subduing the scenes of devastation, there is the need to extend his cure to the rest of humanity. From herbal concoctions, and, now, the building of an HIV/AIDS herbal treatment hospital—the first of its kind in Africa and, perhaps, in the
world—Jammeh’s herbal treatment is set to go global. Jammeh was convinced of the
efficacy of his herbal concoction and did not think HIV/AIDS is any longer incurable.
And, being an agency of the Almighty Allah, Jammeh demonstrated the omnipotence of
the Almighty Allah. Allah was able to rescue Black Africans as he has done for others in
the Bible and the Qur’an through the prophets. “I am not interested in the treatment of
common diseases, like Malaria and so on and so forth. My objective in life is to make
whatever people say is impossible possible by the grace of God,” Jammeh pointed out
(Government of the Gambia, 2014, January 17, para. 7). According to Jammeh, only
those who are under the divine authority of the Almighty Allah can perform the
impossible. Like the Prophet Musa who struck the Red Sea with his staff, dividing it into
two to create a passage for Israelites to escape, Jammeh, by the power of the Almighty
Allah, could perform the impossible of curing Black Africans with his herbal
concoctions, an act that will look impossible to the ordinary man.

Jammeh went on to counsel all those who considered some diseases incurable to
desist from such beliefs. “What we should say as a people with knowledge in the
treatment of the human body is that a cure has not yet been found for the disease but there
is no disease in the world which is not curable,” Jammeh pointed out (Government of the
Gambia, 2014, January 17, para. 3).

Similar to the HIV/AIDS cure pentad in act four, Jammeh, again, adapted
symbolic religious representations from the Islamic understanding of health and healing
in constructing his cure narrative. The above declarations of Jammeh are consonant with
Jammeh’s earlier assertions. Both are based on the Islamic understanding of health and
healing, including the understanding of HIV/AIDS in Islam. Jammeh believed that there was nothing beyond the power of the Almighty Allah who created cure for every disease. To this end, Jammeh used herbal medications to conquer the scenes of devastation and exerted Allah’s (agent) authority over the scenes. In exerting control over the scenes, the ultimate purpose of the neocolonialist West was defeated and Allah’s purpose for mankind restored. While this way of representation would be acceptable to those with the Islamic orientations of health and healing, the biomedical model and the accommodating tradition in Islam will reject Jammeh’s claim as unscientific and dangerous as discussed in the HIV/AIDS cure pentad in act four. Again, similar to the fourth pentadic act, the traditional and Christian models of health and healing are analogous to Jammeh’s claims of a cure for HIV/AIDS.

There is no doubt that Jammeh perceived himself as a strong leader who was indispensable to the cause of his people, especially in the face of major man-made setbacks and obstacles placed in their way by the neocolonialists. As a leader of his country and a devout Muslim, Jammeh fit the bill for the Almighty Allah’s mission of saving millions of Black Africans, and, indeed, the entire human race from the machinations of the neocolonialists. In this case, the attributes of the agency, a Muslim and Allah’s instrument, makes him more credible than anyone else to perform the act of saving the millions of PLWHAs in Africa and around the world. What is manifest about this pairing is that Jammeh is compatible with the means he used: herbal concoction, the Qur’an, Tasbeeh Chapelet, and the ability to see beyond the veil of deception. As a devout Muslim, Jammeh could hear the voice of Allah. Jammeh also had the means of
state institutions at his disposal to spread the good tidings to his people as instructed by
the Almighty Allah. Could a non-Muslim perform the same rescue mission in the name
of Allah? It is improbable, since the cure and the revelation can only come from Allah as
He alone motivates and guides the investigation of nature through a devout Muslim (or
his servants) (al-Faruqi, 1995).

Akin to the fourth pentadic act, Jammeh conquered not only HIV/AIDS, but he
also conquered other illnesses—infertility, paralysis, and asthma—as well. As the hero of
the drama, Jammeh brought his audience to the understanding that, with him in charge
through the Almighty Allah, all diseases are conquered. In the fifth speech selected for
analysis, Jammeh announced his success at conquering new diseases such as liver cancer,
pancreatic cancer, and breast cancer. “I can say with confidence and I stand to be
challenged, that liver cancer, pancreatic cancer, and breast cancer, we have successfully
treated,” Jammeh pointed out (Government of the Gambia, 2014, January 17, para. 5).
This assertion is in tandem with an earlier observation that Jammeh’s herbal concoctions
are multipurpose, as they could cure not just HIV/AIDS but many other diseases as well.
As Jammeh pointed out, his aim is to treat any diseases that are deemed or declared
incurable by biomedical practitioners. Jammeh is, thus, the internist, the HIV/AIDS
pediatrician, the orthopedic specialist, the bonesetter, the fertility specialist, and, indeed,
the generalist who is able to treat any diseases that are declared to be incurable.
Jammeh’s assertions in these latter speeches, thus, reiterated his initial claims without any
deviations. Jammeh, as the hero of the scenes, can treat all forms of disease (act). In this
regard, the assertion that where biomedicine has failed traditional medicine has
triumphed is reiterated. This, however, deviates from biomedicine where the physician must have some form of specialization for which he or she is trained and specific medicines are meant to treat specific illnesses.

As Jammeh introduced new claims of cure—cure for paralysis, cancer, infertility, asthma, etc.—he, again, saw the need to underscore his credibility. He, thus, tapped into the scientific method which requires testing and confirmation. Jammeh pointed that “what we do is we tried for every disease seven patients and if five out of the seven are treated, then we try again because my objective is always 100%. But if I have six out of seven I consider it a definitive ‘yes,’ we can treat the disease” (2014, January 17, para. 5). This illustration, again, represented Jammeh as someone who was aware of the scientific method and had taken steps to satisfy its requirements. As explained in the fourth pentadic act, Jammeh continued to address a lay public that did not have the authority to legitimate his claims and to authorize a definitional shift of cure in the biomedical model. To this end, Jammeh only reiterated what was already known within the Islamic, Christian, and traditional healing models that there is no disease without a cure.

Cater (2000) argued that “in the struggle of history the new can and does emerge—new techniques of production, new power structures, new constitutions [etc.]... Progress can be made, progress significant enough to be worth the trouble though the outcome falls short of utopian perfection” (p. 233). Going by Carter’s assertion, one may be tempted to accept the realities Jammeh constructed concerning his multipurpose concoctions and his acclaimed scientific procedures of testing and confirmation. The acceptance of Jammeh’s new technology based on Cater’s assertion raises some
If the Almighty Allah is the source of the concoction, is there any need for human testing and confirmation for the efficacy of the concoctions? If we accept that the Allah-revealed herbal concoctions can be tested and confirmed—integrating both the Allah-revealed mechanism with the biomedical—the question of Jammeh submitting his herbal concoctions to an independent body for the testing and confirmation of the efficacy of his therapy then arises. Jammeh refused to honor this practice required of the scientific procedure. It is evident that Jammeh attempted to co-opt the scientific method only to underscore the credibility of his herbal concoction (as a rhetorical demand), but failed to meet the required standards. In this regard, while Jammeh attempted to integrate the scientific procedure, Jammeh deviated from its procedures.

Further to the reinforcement of the claim of a cure for HIV/AIDS, Jammeh also reiterated his humanitarian stances on the treatment of the disease once again. Jammeh demonstrated this in his announcement that he would be embarking on a fundraising mission to raise money for the construction of his 1,111 beds multi-purpose hospital. From the analysis above, it is evident that Jammeh’s claim of a cure for HIV/AIDS continued to flourish as Jammeh continued to attract people living with HIV/AIDS to his healing sessions. Jammeh, thus, needed a larger facility in order to extend his humanitarian activities to other PLWHAs.

Since Jammeh was only acting as an instrument (agency) in the hands of the Almighty Allah (the agent), the successes he chalked in reversing the scenes go to the glory of Allah by whose power the scenes of devastation and exploitation were reversed and kept under control. By this arrangement, the agent-agency ratio, thus, controls the
other elements of the pentad. With agent-agency ratio as the dominant term, the corresponding philosophy is idealism (Burke, 1955), similar to the fourth pentadic act. According to Burke, in idealism, the “ideal created by the agent affects the agent’s view of reality (p. 174). That is to say that the agent’s “ideals” are taken as the “real.” In throwing light on Burke’s (1955) position, Foss (1989) explained that “idealistic system views the mind or spirit as each person experiences it as fundamentally real” (p. 342).

The reader must take note that since Jammeh was the only one who could communicate with the agent, we would only understand the idealistic creations of the agent (Allah) via his agency, Jammeh. In this case, Allah’s-revealed herbal concoction becomes the real remedy (what really is) for the treatment of HIV/AIDS in the Gambia and around the world.

In Jammeh’s representation of what he considers real, it is only Allah’s herbal concoctions that could save Black Africans and others who were infected with HIV/AIDS from perishing. From this construction of the reality of the HIV/AIDS and ARV situation, other explanations can be inferred; for example, the understanding that no other therapies, including ARVs, are potent for the treatment of HIV/AIDS. It can also be inferred that neocolonialists’ actions are inherently exploitative and dominating, as they seek to destroy the Black African. There is, in fact, nothing more idealistic about this representation than to suggest that Allah’s herbal concoctions can cure virtually every illness, including HIV/AIDS, if viewed from the biomedical model. From the biomedical model, Jammeh’s representation of the power of the Almighty Allah’s healing power is subjective, not objective. But this representation does not deviate from the ideals, values,
ambitions, desires, and the motivations that are characteristic of someone chosen by the Almighty Allah to rescue his people. Because the agent is omnipotent and omniscient, his chosen instrument is expected to perform acts that are deemed impossible among men, including curing HIV/AIDS. It will be incongruous for someone who carries out the orders of the Almighty Allah not to exemplify his power. To this end, Jammeh, spoke for the agent, informed the audience that the scenes of devastation are reversed and are firmly under the control of the Almighty Allah who has never failed his people. A congruent triadic relationship is, thus, observable between the agent, agency, and the acts.

According to Foss (1989) the term that has the most impact on the other terms determines the nature of all or most of the other terms in the pentad. From this, it can be inferred that the agent (Allah) chose Jammeh (agency) who treats PLWHAs (act) as a means to reverse the suffering of Black Africans (scene) in order to establish his purpose for mankind. Jammeh could not have performed all the healing he has just by himself without the power of Allah. The agent was, thus, the generating principle in the interventionist arrangement of this pentad. This is consonant with King (2009) who described the actor (agent) as “the most important factor in the execution of an act” (p. 172).

Even though, from the Pentad, Jammeh represented the purpose of Allah as keeping a firm grip over the conquered neocolonial bio warfare, the material conditions of the scene revealed a different motive. Considering the conditions under which Jammeh performed his healing sessions—at the State House—it is more congruent to suggest that the need for hospices for the sick and emaciated soon caught up with Jammeh as the
reality of caring for PLWHAs would suggest. Jammeh’s announcement in seeking humanitarian assistance to build a hospital is, thus, a practical exigency of the treatment situation, which departs from Jammeh’s idealistic representations of the herbal treatment that Jammeh continuous to depict.

4.5.1. Implications of claims and the HIV/AIDS treatment discourse. By accepting Jammeh’s construction of final victory over the scenes and the establishment of the purpose of Allah for mankind, the audience is accepting that PLWHAs have been cured and discharged. In this regard, the numbers of PLWHAs in the Gambia must also be affected as a result. Similar to the pentadic act four, this also implied a definitional shift in the biomedical construction of HIV/AIDS. A critical examination of the HIV/AIDS figures in the Gambia and elsewhere on the African continent, however, contradict this assertion. Based on 2013 figures by the UNAIDS, HIV/AIDS remains one of the top killers in Sub-Saharan Africa with about 24.7 million people living with the disease. In the Gambia, there are about 1.3 percent (between 9,200 and 18,000) PLWHAs. Considering the sub-regional statistics with regard to HIV/AIDS infection rates, there is rather a rise in the figures. For example, in 2007, there were approximately 22.5 million PLWHAs in Sub-Saharan Africa (UNAIDS, 2007) compared to 24.7 in the Sub-Saharan Africa in 2013, suggesting an increase in infection rates rather than a decrease as Jammeh’s claim would have suggested. Zeroing in on the Gambia, HIV/AIDS rates have remained at 1.3 percent (between 9,200 and 18,000) within the same period, indicating that, in spite of Jammeh’s claim of curing those living with
HIV/AIDS, his claims are unaccepted by the authorized institutions with the power to legitimate his claims. In this regard, if the audience accepts Jammeh’s claim, that would only be within the Islamic-prophetic worldview. Even though Carter (2000) believes that “new technologies” have the potential to spur human progress, Jammeh’s claims fall short of what might be termed as human progress within the biomedical model. The implication is that in both the biomedical model and the Islamic-prophetic model, there has not been any progress that might authorize a definitional shift on both sides.

As a corollary from the above, the material realities of the HIV/AIDS situation soon dawned on Jammeh. Jammeh, the agency-hero-figure soon realized that there was the need for a hospital to take care of those living with the disease, and that he could not continue to use the foregrounds of the State House and other open-spaces for his therapeutic sessions. The material realities of the scene were incongruous with Jammeh’s idealistic view of the scene. Thus, while Jammeh was convinced that he had conquered the scenes, the material realities of lack of health care facilities to provide hospital for PLWHAs who needed long-term care soon caught up with him. According to Carter (2000), citing Burke, “the rhetorical meanings we construct are corrected by a real world that tests them sooner or later, forcing us to rethink them and to discard those which do not work” (p. 233).

The values communicated by the agent are not to be considered detached from the policy-making process, especially in a region or country where the decisions and actions of the president outweighs any other considerations. Clearly, Jammeh’s claims meant a change in policy direction with regard to HIV and ARVs in the Gambia—a clear political
agenda. With the ability of the president to cure all manner of ailments or diseases that are deemed impossible to cure, one can imagine an attempt to constrict budgetary allocations for HIV/AIDS and ARV activities.

Since no one dares questions Jammeh on his claims, the Gambian society as a whole is cowered into submission by an agency who imposes health-dictatorship on his people. One can, thus, see the interaction of fear, appeal to cultural and religious understanding of health, and the practicalities of lack of health resources working in tandem to make Jammeh a successful herbal healer in the Gambia. In this case, the challenges that the Gambia face with regard to HIV/AIDS and ARVs are solved rhetorically through the proposition of pseudoscience and the use of the Almighty Allah. In terms of fear, the disappearance of those who speak against the president is enough to scare others into submission. With regards to the religious, Jammeh’s appeal to the Almighty Allah allows him to evade any questions about his expertise and the source of his medication. Jammeh’s pseudoscience also helps him to respond to those who might have some knowledge about the scientific process. Finally, the lack of health resources allows Jammeh to exploit the health vulnerability of PLWHAs in this situation. The interaction of these factors makes Jammeh a successful herbal healer in the Gambia.
Chapter 5: Discussion, Conclusions, and Recommendations

This chapter consists of three sections. These are discussion, conclusion, and recommendations for future studies.

5.1. Discussion

My investigation began with the contextualization of the wider discourse on HIV/AIDS. I offered Burke’s terministic screens as a conceptual framework and its application in the analysis of cross-cultural artifacts. I justified the applicability of the terministic screens in the current study. I then examined the application of the dramatistic pentad in previous studies and its applicability in the current study. In my analysis, I employed Burke’s terministic screens and the dramatistic pentad in examining Jammeh’s rhetorical claims concerning HIV/AIDS and ARVs. The mapping of Jammeh’s verbal terrain was performed with the dramatistic pentad. As a critical tool, the dramatistic pentad aided in unravelling the values embedded Jammeh’s claims, the rhetorical resources Jammeh deployed, and the motives behind Jammeh’s articulations. This was done in conjunction with Burke’s terministic Screens. The terministic screens provided a conceptual framework for understanding the symbolic choices Jammeh made concerning the subject matter of cure, origin, and economics of HIV/AIDS and ARVs. I then evaluated Jammeh’s symbolic representations with the contextual discourses as terms of reference to the claim to cure, origin, and economics of HIV/AIDS and ARVs.

In all, five pentadic acts were distilled from Jammeh’s speech artifacts. Tensions and fissures are noticeable in the five pentadic acts of Jammeh. In Jammeh’s HIV/AIDS
cure artifact in pentadic act one, the speech is controlled by agency, with a pragmatic pentadic ratio. In this pentadic act, Jammeh depicts himself as a doctor who employs scientific processes—as a means or instrument—to cure PLWHAs. In this regard, Jammeh is only responding to the scenes of devastation caused by HIV/AIDS. At this juncture, Jammeh does not reveal the origin of HIV/AIDS and his economic understanding of ARVs. The pragmatic pentad only depicts Jammeh as an agent—or a doctor as Jammeh claims—who is concerned about the devastation caused by HIV/AIDS and intervenes using herbal concoctions that are scientifically tested and proven to cure HIV/AIDS.

If treated as a single act, Jammeh’s pragmatic pentad deviates from the Christian, the Islamic, and the traditional health and healing models. All three models do not require any scientific testing procedures to determine the presence of HIV/AIDS before or after treatment. Similarly, while all three models emphasize supernatural interventions in the treatment process, that is lacking in Jammeh’s pragmatic pentad. For example, there are no signs in Jammeh’s rhetoric in classifying HIV/AIDS at this point as an “unnatural disease” or a natural one as the traditional model espouses.

We become aware of the source of the devastation and the purpose of the devastation in Jammeh’s second pentadic act, which was in reaction to the condemnation Jammeh receives from members of the public, UNAIDS, and the WHO. Representatives of UNAIDS and WHO pointed out the unscientific nature of Jammeh’s herbal concoctions. This created a fissure in Jammeh’s claim to be a doctor in the biomedical sense and undercut his credibility of having a cure for HIV/AIDS. As a result of the
fissure in Jammeh’s rhetoric, Jammeh shifts from being a doctor in the pentadic act motivated by pragmatism to naming the Almighty Allah as the source of his herbal concoction in the fourth and the fifth pentadic acts. By assigning the source of his herbal concoction to the Almighty Allah, which occasions a shift in the pentadic acts—whereby the Almighty Allah replaces Jammeh the agent, and makes Jammeh Allah’s agency—a shift occurs in the pentadic ratios as well. The controlling element of pragmatism in the first pentadic ratio shifts to idealism in the fourth and the fifth pentadic acts. From being an agent of cure, Jammeh becomes the Almighty Allah’s agency or instrument of cure. In spite of this shift, Jammeh still insists on the scientific nature of his cure. This shift and the attempt to integrate the scientific process, or the attempt to superimpose the Almighty Allah on his scientific cure, raise questions of whether a scientist can still be regarded a scientist while at the same time believing in the power of revelation as the source of his or her knowledge. To this question, Golshani (2003) and Guessoum (2008), similar to Prelli (1998), responded by describing any attempt to combine the two realms as pseudoscience. The point is that, to be regarded as science, the scientist who is also religious must bracket his or her faith and pursue science by following it’s laid down procedures of objectivity in order to be accepted among scientists. Biomedicine imposes empirically testable and replicable methods or procedures on the determination of the presence of HIV antigens in the human body. Here, the emphasis is on natural laws that give precedence to “technique over person and their social identity within a community” (Good, 1987, p. 13). The consensus among scholars is that science must be grasped in its objective form, devoid of the influence of any “unseen powers” (du Pre, 2005; Flint,

In this sense, since Jammeh fails to satisfy the procedures required of the scientific method in the three pentadic acts in which pragmatism and idealism are the controlling ratios, Jammeh’s claim of a cure for HIV/AIDS should be labeled pseudoscience for failing to meet the epistemological requirements of science. Jammeh’s oxymoronic claims, therefore, generate tension between his pragmatic and the idealistic pentads. This tension arises because, in one breath, Jammeh is the agent, and in another, Jammeh is only an instrument in the hands of the Almighty, the agent.

By superimposing the Almighty Allah on his scientific cure in the idealistic pentads, Jammeh deviates from the biomedical conceptualization of HIV/AIDS and its mode of treatment. Because Jammeh cannot provide acceptable scientific evidence, Jammeh uses Allah as a rhetorical strategy to meet the exigency of providing justification for his claim. By lumping together his scientific claim and the claim of divine revelation, we can appreciate the subjectivity Jammeh introduces into his claim of a cure for the disease. In this case, Jammeh’s integration of the scientific process—pretest, posttest, and confirmation or disconfirmation—and religion—through supplication and revelation—is a rhetorical development of the text to satisfy the exigency of underscoring his credibility. Thus, Jammeh’s superimposition of the Almighty Allah on his purported scientific cure for HIV/AIDS in the pentadic acts that are dominated by the idealistic ratios positions Jammeh’s HIV/AIDS cure within the Islamic model of health, similar to what is observable in the contextual discourse with regard to the Islamic model of health.
As noted in chapter two, “whatever illness of heart or body, the Qur’an contains the way pointing to its remedy, its cause, and protection from it” (al-Jawziyya, 1998, p. 250). This assertion resonates with the pentadic map in Jammeh’s idealistic ratios. The herbal concoctions Jammeh offers PLWHAs tend to resemble the idea of "Shan rubutu," verses from the Qur’an known for their curative powers. The sick are made to internalize the curative verses by literally drinking the nontoxic written text which is dissolved in water (Wall, 1988, p. 237). Jammeh’s ritualistic supplication to the Almighty Allah and his order that PLWHAS should not miss the five daily prayers are both elements of the Islamic model of constructing HIV/AIDS treatment, which places healing in the realm of the spiritual through prayers and divination.

While this way of constructing HIV/AIDS health and healing practices is analogous to the Christian and the traditional models of health and healing—since all these models believe in external forces that influence health and healing—it is also distinct from them. This is because of the underlying faith orientations in the Christian and traditional conceptualization of health and healing, including the construction of HIV/AIDS. The conflict is noticeable in the view that only one religion is true and the others are false, as noted in al-Faruqi’s (1995) conceptualization of Islam in relation to other religions and, then, science. Al-Faruqi (1995) emphasizes the monolithic, particularity, and universality of Islam. Al-Faruqi denounces religious-moral diversity as a heresy. Jammeh’s cure for HIV/AIDS is, thus, uniquely Islamic-prophetic and echoes values that are similar to what Bigliardi (2012) termed the oppositional stance, which

The foregoing does not, however, deviate from Burke’s (1968) notion about terministic screens. According to Burke (1968) “if you want to operate, like a theologian, with a terminology that includes ‘God’ as its key term, the only sure way to do so is to put in the term…and from this initial move, many implications ‘necessarily’ follow” and in the same vein “a naturalistic, Darwinian terminology flatly omits the term, with corresponding sets of implications” (p. 46). When Jammeh invokes the scientific process in the pragmatic pentad, Jammeh implies certain realities—not others. When Jammeh shifted his terminology to include Allah, by this act, Jammeh also invokes certain implications, not others. For example, when Jammeh superimposed the Almighty Allah on his claim of a cure for the disease, he invokes the subjective, not the objective, reality as the scientific terminology would require him to do.

This means that the terministic screens for both the biomedical construction of HIV/AIDS and the Islamic understanding of the disease become the same, if we accept Jammeh’s conceptualization. Biomedicine does not recognize Jammeh’s claim of a cure for HIV/AIDS as valid, so its terministic screen remains unchanged. In the case of the Islamic model, there is already the understanding that the Almighty Allah cures every disease he creates. For that matter, Jammeh is not saying anything novel that will shift the conceptualization of a cure for HIV/AIDS in both the biomedical and the Islamic models. Like Andrea Dworkin and Catherine Mackinnon, whose redefinition of pornography in the U.S. was rejected by the U.S. Supreme Court (Palczewski, 2001), Jammeh’s attempt
to reclassify HIV/AIDS as a curable disease in the biomedical model is rejected by the scientific community. Nevertheless, Jammeh’s claim of a cure for HIV/AIDS enters public discourse in his country and around the world, just as Dworkin and Mackinnon’s redefinition of pornography becomes a vocabulary for talking about pornography in the non-legal sense in the U.S. Unlike Dworkin and Mackinnon, whose new definition offers a third perspective in evaluating pornographic issues in light of gender rights, Jammeh’s attempt at a definitional shift serves as a warning to policymakers to be vigilant about these claims and counterclaims. Policymakers must keep close eyes on individuals like Jammeh whose actions engender doubt, mistrust, and confusion and have the potential to erode public trust in public communication on HIV/AIDS and ARVs.

From a communication point of view, the challenge thrown to Jammeh by the former U.N.D.P coordinator in the Gambia and others who questioned Jammeh’s claims underscores the importance of communication in public deliberation or discourse. If Jammeh were left to his own devices, without the challenges, it is plausible that Jammeh might not have shifted his initial scientific methods in the pragmatic pentad to the religious idealistic pentad. Thus, the adversarial interlocution between Jammeh and the former U.N.D.P. coordinator in the Gambia can be deemed as forcing a ‘confession’ out of Jammeh about the source of his medicine. This understanding aids in comprehending the implications for the terminologies Jammeh employs in delineating his cure for HIV/AIDS, which otherwise would not have been available.

The pragmatic pentad also reveals that Jammeh communicates with his audience unethically, taking advantage of his leadership position. Like Ronald Reagan and Dwight
Eisenhower—who concealed the true meaning of nuclear weapons from citizens of the U.S., by using *domesticated* and *bureaucratic* terminologies (Schippa, 1989)—Jammeh employs pseudoscience to persuade his audience that his herbal concoction satisfies the requirements of the scientific process and has legitimacy just as any scientific product. This also brings Jammeh in line with the likes of Mussolini, Franco, and Stalin, leaders who employed unethical communication practices in public communication with absolute “control of public media” with dire consequences for humanity (King, 2009, p. 167). As seen in chapter three, when the terministic screen is employed for deceptive purposes—as happened in the cases of Ronald Reagan, Dwight Eisenhower, and Jammeh—the public is numbed as a crowd, not creators of policy (Park, 1972). In Jammeh’s dubious terministic screen, PLWHAS are under the false impression that they are cured of HIV/AIDS; while in fact, they still live with the disease.

Besides the equivocation, the analysis also reveals that the rhetorical shift in Jammeh’s claim of a cure for HIV/AIDS occurs because Jammeh is unable to speak the scientific language to defend his scientific claim. Stob (2008), evaluating the connection between Burke and William James, points out that “terministic screens speak to the point at which language and experience move together… The world thus appears progressive and problematic, pushing and pulling us as we try to direct it in accord with our beliefs and desires” (p. 146). That is, even as ‘reality’ guides choices of terministic screens, terministic screens also guide how we see reality. From this point of view, Jammeh’s own tissue of experience and training—which are non-biomedical—make it difficult for him
to direct the discourse of his claim by employing the biomedical or scientific nomenclature effectively.

By viewing Jammeh in comparison with Mbeki, we can appreciate how the tissue of personal experience, as described by Stob (2008), can influence our terministic screens. Mbeki, having studied at the University of Sussex in the U.K. for a master’s degree in economics, was likely exposed to scientific procedures. To this end, when Mbeki rejected the scientific link between HIV/AIDS, Mbeki still submitted to the scientific process and also engaged in public discourse with civil society and the law-making body of his country to justify his claims. Mbeki did not resort to any “unseen powers” as the source of his knowledge on what could cure immune deficiencies in his countrymen living with HIV/AIDS. Jammeh, on the other hand, is known to have received a high school education in the Gambia and, later, military training in both the Gambia and the United States. With these variations in their tissues of experience, questions about the varied responses by these two postcolonial African leaders concerning HIV/AIDSs and ARVs are raised. Interpreting experience, for Burke (1968) is like interpreting a dream. According to Burke (1968), “a man has a dream. He reports his dream to a Freudian analyst, or Jungian, or an Adlerian, or to a practitioner of some other school.” As to be expected in each case, Burke pointed out “we might say the ‘same’ dream will be subjected to different color filter, with corresponding differences in the nature of the event as perceived, recorded, and interpreted” (pp. 45-46). To the extent that these two African leaders respond to the discourse of HIV/AIDS and ARVs in a
markedly different ways, we can trace their responses back to their varied terministic screens as products of their tissue of experience.

The analysis also highlights some systemic issues that are specific to each African country. For example, even though Mbeki rejected the HIV and AIDS science as the president of South Africa, that neither thwarted the work of independent institutions, such as the Medicine Control Council (MCC) of South Africa or the Constitutional Court of South Africa, nor impeded public protest against the president’s position. Civil society, independent scientific organizations, and the Constitutional Court of the Republic of South Africa contested the powerful executive branch of government. After months and years of public protest against the president’s position, the MCC released its independent laboratory results which indicated that ARVs can prolong the lives of PLWHJAs, providing a basis for the Constitutional Court of the Republic of South Africa to order the president and the executive to provide ARVs to PLWHAs as a public good (Flint, 2011).

In the case of the Gambia, however, it is not only risky to challenge the president, but the bureaucratic institutions that help safeguard the rights of individuals from an all-powerful executive have been weakened over the years by a dictatorial president to a point where those institutions are coopted to project the personal whims and caprices of the president. In the Gambia, few can question a hero-agency who believes his Allah-revealed herbal concoction can cure any disease, including HIV/AIDS. With individuals who oppose or speak against the president in the past disappearing or being killed by agents of Jammeh, civil society in the Gambia is cowered to accept the position of the president on HIV/AIDS and ARVs without question. For PLWHAs in the Gambia, their health
vulnerability alone is enough to make their position weaker in the face of the health-dictatorship of the president. The analysis, thus, reveals variations between South Africa and the Gambia in terms of “allowable communication” practices even in the face of a health crisis.

The lesson from these varied responses to the HIV/AIDS situation across the two different publics—South Africa and the Gambia—is that different African countries are at different phases of their political or democratic evolution. Even though some countries may be described as democratic, they are only democratic in name. Basic rights such as the ability to choose between health and healing alternatives in a free environment—or to make an input into how certain health policies affect one’s own health—are curtailed in the Gambia by a powerful health-dictator who believes he has conquered all the health problems there are in the world, including HIV/AIDS. To the extent that in the democratic Gambia individuals cannot criticize the president in this tragicomedy, development practitioners and many others with interest in the Gambia need to realize the variations within the various political systems on the African continent. This realization will help them in fashioning communication strategies that are cognizant of these variations in dealing with issues such as HIV/AIDS and ARVs. What is interesting, however, is that in 1994 when South Africa elected its first post-apartheid president, the Gambia came under a dictatorship. If political influences are themselves products of terministic screens, then the variations in the communication strategies and outcomes of these two countries can also be traced to varied political terministic screens of the two.
different countries. Were the Gambia under what might be termed a free society, the discourse on HIV/AIDS and ARVs might also tend to follow that trajectory.

Today, with Ghana, Kenya, South Africa, Zimbabwe, Mozambique, and Uganda, among others, manufacturing their own generic ARVs, it is clear that the political structure in conjunction with political leadership has a great influence on the direction of the HIV/AIDS and ARVs discourse in each country. The HIV/AIDS and ARVs discourse in the Gambia reveals how political dictatorship can translate into health dictatorship. The Gambia is, thus, a poor reflection of the interaction between health and politics, whereas South Africa depicts a more ideal process that should characterize the relationship between civil society and its political leadership in matters of health and healing.

On the part of Jammeh’s symbolic representation of his cure, there are symbolic similarities between Jammeh’s scientific linguistic application and the scientific. But as the analysis reveals, these symbolic similarities are only a matter of linguistic dispositions which are carried over from the religious to scientism. In this case, the symbolic representation—even though has implications for how the audience members view Jammeh claims—deals with the social aspect of knowledge, not the epistemological. The point, as illustrated in the analysis, is that the symbolic representation tradition tends to be neutral in the epistemological and ideological struggle between science and religion, even though the linguistic disposition in science can be traced to religious with implications for public perception.
In the second pentadic act—dominated by the purpose ratio, or as purpose-driven action—Jammeh reveals that it is the purpose-driven actions of the neocolonialist West that triggers an interventionist response from him and, then, the Almighty Allah. As noted earlier, this revelation is in reaction to the condemnation Jammeh receives from the WHO and UNAIDS. Controlled by purpose, this pentadic act is rooted in a mystical philosophical ratio. Rooted in the mystical philosophy, it is only through divine understanding, conferred on Jammeh by the Almighty Allah, that Jammeh understands and interprets the origin and spread of HIV/AIDS, and its ultimate purpose as a tool for the annihilation of Black Africans. The terministic screen Jammeh employs here is the conspiratorial.

Jammeh’s mystical representation of the source of the HIV virus positions Jammeh within the conspiratorial realm of constructing the origin of the HIV virus. In this realm, Jammeh does not have to provide scientific evidence to justify his claims. Jammeh only needs to resort to the hidden hand concept by giving secret clues and calling for interpretations. In this sense, there is more to what happens in the world than meets the eye. When Jammeh queried: “let us ask ourselves as Africans and non-Europeans, why is AIDS killing more Blacks than the rest of humanity” and castigated the West for its hypocrisy (Government of the Gambia, 2007, June 17, para. 5), the audience can interpret that as Jammeh’s allusion to the recondite hand of the West as those who manufactured the HIV virus, even though the artifact lacks any hard evidence. Similarly, by alluding to infection disparities between Blacks and Whites, comparing infection rates between HIV/AIDS and other illnesses, and their effects on the various
races, and accusing the UNAIDS and WHO of being Western neocolonial apparatus do not provide any solid scientific evidence to authenticate Jammeh’s claims. Jammeh’s logic of comparing the effects of some diseases as more devastating to Whites and Westerners suggests HIV was engineered by the neocolonialists. The same logic can be extrapolated to mean that, because Black Africans created malaria to destroy Whites and Westerners, Black Africans are immune to malaria. At best, Jammeh’s allusion to the Almighty Allah and the Qur’an as the source of knowledge and empowerment only helps to place his origin and spread of HIV/AIDS concepts within the conspiratorial and apocalyptic realms of Islam.

According to Allensworth (1998), when cataclysmic events occur and people feel impotent before history’s tidal waves—e.g. in the face of a war, economic collapse, or pandemics of significant enormity—conspiracism provide certainty. Conspiracy theories help segments of society explain the inexplicable by finding someone or something to blame. In this regard, Jammeh’s claim to the origin of the HIV virus places Jammeh within the conspiratorial realm. This brings Jammeh in line with individuals such as Bill Cosby, Louis Farrakhan, Kool Moe Dee, Steven Cokely, Spike Lee, Wangari Marthai, and the ANC leadership during apartheid in South Africa.

While these individuals point to past events such as the Tuskegee syphilis experiment (Thomas & Quinn 1991), Wouter Basson’s trial for developing poisons and covert weapons for use against liberation forces in South Africa (Berger & Gould, 2002), and the F.B.I. and C.I.A counter-intelligence program (COINTELPRO) (Blackstock,
1976) as historical evidence of conspiracies against Black people they fail to provide any hard evidence for the biological engineering of the HIV virus thesis.

Following from the above, Jammeh’s claims deviate from the natural transfer theory of the HIV virus. Jammeh also deviates from the passaging concept explicated in the contextual discourse. By invoking the name of Allah as the source of revelation, as the pentadic ratio of mysticism has shown, Jammeh’s HIV/AIDS origin thesis is firmly rooted in the conspiratorial.

In line with this conspiratorial thesis of origin, Jammeh warns PLWHAs he purportedly treats to be on their guard against any neocolonialists manipulations which might cause them to be re-infected with the disease. Jammeh points out “to those discharged…if someone comes to fool you and say let me take your blood sample, and you allow the person to tamper with your blood system, if you are re-infected, I will not treat you” (Government of the Gambia, 2007, June 17, para. 16). By this assertion, Jammeh alludes to the recondite hand for the spread of HIV/AIDS among Black African populations. This representation also deviates from injection drug use (as a mode of HIV transmission) and sexual transmission, especially in the case of concurrent relationships. Even though Jammeh warns PLWHAs he purportedly treats against sleeping with their partners who refused to be tested and treated, he fails to warn them against concurrent relations. By this omission, Jammeh’s terministic orientation with regard to the spread of HIV/AIDS brings him in line with Sastry and Dutta (2012), who condemn PEPFAR’s gendered discourse. Sastry and Dutta (2012) condemned PEPFAR for labelling polygamy as a primitive traditional practice. Peculiar to Jammeh, the warning against those who
might tamper with blood samples of PLWHAs also suggests biological contamination or spiritual infection of Black Africans by the neocolonialists who are responsible for the spread of the disease in Sub-Saharan Africa.

In this case, the failure of Jammeh and Sastry and Dutta (2012) to recognize the changes in the terministic conceptualization of concurrent relations in the presence of HIV/AIDS is analogous to the people of Mijikenda community in Kenya. Influenced by their terministic screens, the youth scapegoated their elders as witches, even though available evidence pointed to the rapid socio-political and economic changes wrought out by colonial interference in the socio-political and economic life of their community leading to such tensions (Westerfelhause & Ciekawy, 1998). Jammeh and Sastry and Dutta (2012) ignore the risks involved in concurrent relationships as a fertile ground for HIV transmission, and scapegoat the West for pursuing a biological agenda to annihilate Black Africans, in the case of Jammeh. In this regard, Jammeh, like the people of Mijikenda, fails to recognize the terministic changes brought about by HIV/AIDS. If, in the past, concurrent relationships did not pose any health risks to those engaged in them, the presence of HIV/AIDS has changed that terministic screen to incorporate a new form of risk in its ambit. Those who fail to recognize these changes are at greater risk. An essential observation here is that Jammeh does not blame everybody. Jammeh identifies his scapegoat as the West.

For the geographical representation of HIV/AIDS, Jammeh’s response tends to be oxymoronic to the dominant discourse. Jammeh tends to recognize the high prevalence rates of HIV/AIDS among Black Africans—compared to other ethnic groups—when he
wants to show evidence of differential impact. This recognition is what, in the first place, prompts Jammeh’s pragmatic pentadic act and, later, the idealistic pendatic acts. Yet, Jammeh also challenges the HIV/AIDS prevalence rates when he points out that “now everybody believes the statistics the Western press gives about Africa…that in some countries, 3 out of 4 nationals are HIV positive” (Government of the Gambia, 2007, June 17, para. 6). Like Mbeki, who also challenged the Sub-Saharan HIV/AIDS representation as a racist representation (Kenyon, 2008), Jammeh denounces this representation as racist and neocolonialist. Again, these denouncements fit within the conspiratorial, since they lack any hard evidence based on scientific research or proof. The conspiratorial assumption here is based on Jammeh’s accusation of collusion between the Western media, UNAIDS, and the WHO to represent the Sub-Saharan HIV/AIDS crisis in over-exaggerated frames.

Similar to the HIV origin pentadic act, Jammeh designates the exploitation, or the third, pentadic act in a way that purpose again is featured as the controlling element of the ratio, with mysticism as its philosophical mooring. In exploitation pentadic act, Jammeh configures the purpose of the neocolonialist West as exploitative and dominating. With mysticism as the controlling element, the Almighty Allah again reveals the exploitative and dominating purposes of the West to Jammeh. Jammeh points out that his treatment is to fight disease not to make profit. By this assertion, Jammeh constructs ARVs as an exploitative and dominating tool in the hands of the West, and his herbal concoction defeats the neocolonialists’ aim of using ARVs to exploit and dominate Black
Africans. This brings Jammeh in line with the postcolonial paradigmatic construction of ARVs.

Jammeh’s conceptualization of ARVs above is consonant with Sastry and Dutta (2012) and Mbeki. For Sastry and Dutta (2012), akin to Jammeh, even what is deemed a humanitarian act carries a “broader neoliberal doxa…thereby using the Sub-Saharan Africa disease pandemic as a site of consumerism” (p. 34). This position resonates with MacGregor (2010) who points out that donor agencies drive the HIV/AIDS agenda through funding, and could refuse to disburse funds if they do not agree with local programs. In the case of Mbeki, everything about HIV/AIDS and ARVs is embellished with capitalist motives, “where medical facts are often over-dramatized for the sake of making huge profits for the drug industry” (Kenyon, 2008, p. 30). In this regard, similar to the UN Agenda 21 (Meister & Japp, 1998), the construction of female genital cutting (Winkelman, 2008), and the representation of the September 11 attacks on the U.S. as represented in global media (Wicker, 2003), the same act of ‘humanitarianism’ has been viewed from different filters with different explanations offered.

This way of conceptualizing HIV/AIDS and ARVs deviates from the avant-garde paradigm. Jammeh, Mbeki, Sastry and Dutta (2012) are, thus, oppositional to the avant-garde paradigm by their construction of ARVs as exploitative. This representation of ARVs also undercuts and deviates from even the aforementioned humanitarian acts which the postcolonialists deem as only self-serving for a capitalist whose actual interest is not humanitarian but exploitative.
An important dimension of Jammeh’s discourse—akin to the contextual discourse of Mbeki—is that Jammeh also proposes herbal concoctions as a replacement for ARVs. To this end, both Jammeh and Mbeki, concur on two important levels on the HIV/AIDS and the ARVs discourse; they both agree that ARVs are exploitative and they suggest a homegrown solution to the issue of HIV/AIDS.

While there are some overlaps between the postcolonial paradigm and the activist paradigm, there are also differences. Jammeh and Mbeki designate ARVs as unneeded. To Jammeh, ARVs are not just exploitative, they are also toxic. For Mbeki, there is no scientific link between HIV and AIDS in the first place, so there is no need for ARVs. The promotion of ARVs—for Mbeki and Jammeh—is thus an exploitative drama being staged by neocolonialists agents bent on dominating Black Africans. This view is dissonant with the activist paradigm, since the activist paradigm recognizes the HIV and AIDS science and also recognizes the usefulness of ARVs. The overlap is that both the activist paradigm and the postcolonial paradigm are opposed to the avant-garde position, with Sastry and Dutta (2012) sharing some elements of the activist position in the sense of their recognition for the efficacy of ARVs to prolong the lives of PLWHAs.

Concerning the provision of ARVs, Jammeh’s assertions place the West in a double bind situation in which both action, provision of ARVs, or inaction, failure to provide ARVs, is malevolent. Should the West not provide ARVs as humanitarian assistance, the interpretation will be that, because it engineered the HIV virus for the annihilation of Black Africans, it perfectly suits its purpose not to extend any humanitarian assistance to Sub-Saharan Africans in the form of ARVs. The double bind
The dilemma is more apparent when the accusation of Sastry and Dutta (2012) are incorporated into the current discussion. While recognizing the humanitarian efforts of the West—unlike Jammeh—Sastry and Dutta (2012) explain such efforts as a way of “using the Sub-Saharan African disease pandemic as a site of consumerism” (p. 34). The inference from this position is that, even though ARVs might be free-of-charge, they are only meant to develop a consumer habit sustained by donor support. At some point the “life-support,” or the humanitarian support, will cease and PLWHAs and their governments will have to take charge of their own provisions; in this case, the neoliberal agenda of consumerism is advanced. For Mbeki, since there is no scientific connection between HIV and AIDS in the first place, any ARVs as humanitarian support are unwelcome.

The point is that Jammeh places the West in a double bind situation whereby, like a schizophrenic patient, acting and not acting is perceived as wrong. In this case, the neocolonialist West cannot win. Whether it provides ARVs on humanitarian grounds or chooses not to provide them, its actions will be frayed either way (Gregory, 1956). For Jammeh, this only leads to other observations. First, because Jammeh speaks from a terministic screen with a purpose in mind, the humanitarian efforts of the scapegoat must be muted in order to create coherence within his own discourse. The recognition of Western humanitarian acts will only create incoherence within his discourse. For this reason, I argue that Jammeh’s muting of Western humanitarian efforts cannot be deemed accidental; rather, it is a purposive act within a larger discourse of victimage and scapegoating. Burke (1966) explained that the terminologies we employ in our
description of the world are not accidental choices. We make such choices because they advance our interest and desire in particular ways; at the same time, they mute what might oppose such interest and desire. “Even if any given terminology is a reflection of reality, by its very nature as a terminology it must be a selection of reality; and to this extent it must be a deflection of reality,” Burke (1968, p.45) pointed out. According to Burke (1966), this is because man “clings to a kind of naïve realism that refuses to let him realize the full extent of the role played by symbolicity in his notion of reality (1966, p. 5).

Like the diametrically opposed environmental groups identified in Prelli and Winter’s (2009) study, the mystic pentad reveals competing ideologies at play within the varied positions concerning ARVs with the possibilities for coalition building. Jammeh’s economic position provides a fertile ground for coalition with Cuba which is under economic sanctions by the U.S. Again, it is not by accident that Jammeh recognizes Cuba’s support for the Gambia’s healthcare system, while Western humanitarian efforts in the Gambia and elsewhere in Sub-Saharan Africa are completely downplayed. Like the Green Romanticism in the environmental discourse of the U.S.—who opposed the Green Evangelical and Democratic Pragmatics on ideological grounds—Jammeh opposes anything Western as exploitative. The ideological inclination for alliance with Cuba is more apparent when Jammeh opts out of the Commonwealth of Nations and promises to ban the use of English in his country. As pointed out in the third pentadic act with idealism, the Gambia can build an ideological alliance with Cuba because Cuba is an
enemy of the West. These are not accidents in communication; rather, they are strategic choices by Jammeh to promote some realities at the expense of others.

In Burke’s (1966a) view, these choices can aid in the building of alliances and the alienation or disassociation from certain groups and individuals. According to Burke (1966a), individuals become allies or identify with each other through similar “substances,” such as backgrounds, occupation, beliefs, and values, or “prophets,” such as sensations, concepts, images, ideas, and attitudes. For Burke, identification is both the means and end of persuasion. In his words, “you persuade a man only insofar as you can talk his language by speech, gesture, tonality, order, image, attitude, idea, identifying yours with his” (1969a, p. 55). Based on the above quote, Jammeh’s economic outlook on ARVs is not only in tandem with Mbeki, Sastry and Dutta (2012), and many others who hold the view that ARVs are for exploitative purposes, Jammeh at the ideological level finds identification with Cuba in his opposition to anything Western.

According to Lu (2012), while “a certain level of ethnocentrism is unavoidable in the building of national pride, extreme ethnocentrism will lead to misguided sense of reality, stereotyping, and prejudice toward other nations and people” (p. 206). Viewing Jammeh’s claims in light of Lu (2012), Jammeh’s attempt to reposition the use of herbal medicine among his people is not only nationalistic, but it displays the extreme ethnocentric orientations Lu (2012) warned about. Jammeh presents a misguided sense of reality in a belligerent rhetoric which in most part lack evidence.

The danger of this representation is that rhetorical themes of victimage, scapegoating, and equivocation do not only create “an appetite in the mind of the auditor
[audience]” (Burke, 1969a, p. 34), which Jammeh in turn satisfies, but it also has real life consequences for PLWHAs who heed Jammeh’s claims. Jammeh’s claims shape the way PLWHAs perceive and understand the realities of HIV/AIDS and ARVs. With Jammeh’s symbolic inducement of PLWHAs to abandon ARVs, the consequences are opportunistic infections and death, as witnessed in South Africa when Mbeki constricted the provision of ARVs for PLWHAs there. A further repercussion is that both PLWHAs and those uninfected might engage in unprotected sex and other risky behaviors, believing that there is a cure for the disease based on Jammeh’s symbolic representation.

Another observation from the analysis is that, paradoxically, even the multinational dimensions of the UNAIDS and the WHO—institutions that employ people from all nationalities—are rhetorically undercut or downplayed to create a cohesive discourse that scapegoats anything that is Western. The implication for Black Africans and other non-Whites who work for these institutions is that, by working for these institutions, they become turncoats in the pay of neocolonialists’ agenda to destroy their own kind. Jammeh portrays them as the contemporary “house slaves” in the employ of the neocolonialists. This portrayal is consistent with Burke’s (1941) assertion in the Rhetoric of Hitler’s Battle that “enemies must always be regarded as one in such a way that in the opinion of the mass of one’s own adherents the war is being waged against one enemy alone” (p. 194). In this case, the UNAIDS, the WHO, and the Western press, or just anything or anyone who stands in the way of Jammeh’s cure program must be a common enemy. In this case, “men who can unite on nothing else can unite on the basis of a foe shared by all” (Burke, 1941, p. 193).
Similarities can be drawn between this representation in Jammeh’s HIV/AIDS origin and the economics of ARVs claim and the representations in *China is not happy*. Lu (2012) unraveled the negative portrayal of the U.S. in this book as a matter of terministic choices made by the authors. In *China is not happy*, the authors represented Chinese overseas returnees and liberal elites as traitors who collaborate with the West to sabotage Chinese economic growth. In this book, facts were evaded and claims lacked scientific evidence (Lu, 2012). Jammeh, like the authors of *China is not happy*, evade the facts about the multinational nature of the WHO and UNAIDS and fails to provide evidence for how the neocolonialists infect or contaminate the blood of Black Africans. In this regard, anything Western is scapegoated for the purposes of Black or African nationalism or for the promotion of indigenous therapy for HIV/AIDS.

From scapegoating the West—as the authors of *China is not happy* scapegoated the West in Lu (2012), as the youth of Mijikenda have done to their elders in Westerfelhause and Ciekawy (1998), as the Green Romanticism have done to the Green Evangelical and the Democratic Pragmatics in Prelli and Winters (2009), and as the Zapitistas movement have done to the North American Free Trade Agreement (NAFTA) in Howell (2000)—the universal tendency in man to find scapegoats for issues or problems is underscored across Western, Asian, African, and Hispanic societies. This is different from finding a universal scapegoat. While a universal scapegoat is blamed by everyone for the problem, the universal tendency to scapegoat underscores the tendency in man to find a scapegoat in matters that oppose his or her terministic screen. At the national level, such rhetoric serves to escalate blind nationalism, ultimately widening the
gap between cultures and fueling intercultural misunderstanding (Lu, 2012). But, again, this does not deviate from Burke’s (1969a) assertion that “as for the relation between identification and persuasion, we might well keep it in mind that a speaker persuades an audience by the use of stylistic identification” (1969a, p. 46). In this regard, the speaker creates rhetorical strategies that engender commonalities among individuals while at the same time dissociates those who are different in substances and properties or oppositional in contents and style. This assertion is evident in Jammeh flaying the West for the origin and spread of HIV/AIDS. By this act, all non-Whites and non-Westerners must see themselves as endangered species who must unite to fight the neocolonialist West, and, by so doing, disassociate themselves from the West.

The binding element of Jammeh’s claims—in the exception of the first act in the pragmatic pentad—are rhetoric of hatred and scapegoating through unsubstantiated accusations. While this type of rhetoric will attract anti-Western and anti-colonial elements of society, for PLWHAs their vulnerability is exploited as a catalyst to expose and challenge the West. For the anti-colonial and anti-Western elements, they would identify with this rhetoric having been living in the postcolonial chaos. Burke (1969a) pointed out that “the thought of the timely topic reminds us that…the rise and fall of slogans, clichés, stock figures of folk consciousness, and the like, impinge upon the rhetorical motive” (p. 61). To the extent that Jammeh positions his rhetoric in ways that invoke attempts at exploitation, domination, and annihilation, his appeal would be well received by such elements of society that are anti-colonial and anti-West.
5.2. Conclusions

In this study, I have accomplished six main objectives. First, I have delineated the contextual background to Jammeh’s claims—claim of a cure for HIV/AIDS, knowledge of the origin of the virus, and the economic issues surrounding HIV/AIDS and ARVs.

Second, based on the contextual background, I have employed Kenneth Burke’s terministic screens and the dramatistic pentad to map out Jammeh’s rhetorical claims about HIV/AIDS and ARVs in five pentadic acts. In pentadic acts controlled by purpose with mysticism as their philosophical mooring, Jammeh positioned the neocolonialist West as the originators of HIV/AIDS who are only using ARVs to exploit Black African bodies, respectively. The examination of the facts presented by Jammeh lacked evidence. To the extent that Jammeh’s accusations lacked evidence, Jammeh’s claim to the origin of HIV/AIDS falls into the category of conspiracism and apocalypticism.

Jammeh views ARVs from the postcolonial paradigm. I have demonstrated how this genre of rhetoric can be employed by rhetors like Jammeh to seek identification and disassociation among audience members. In this case, the anticolonial and anti-Western elements of society will find this rhetoric attractive. It is, thus, not by chance that Cuba becomes an ally of the Gambia in Jammeh’s representation in the fight against HIV/AIDS. The ideological connection Jammeh established between the two countries are only a matter of the terministic choices Jammeh makes in the form of association and disassociation—whereby the Gambia is a friend of Cuba because Cuba is an enemy of the U.S.
Concerning the claims of a cure for HIV/AIDS—which I plotted in the first pentadic act, and the fourth and the fifth pentadic acts, with pragmatism and idealism as their philosophical moorings, respectively—the evidence suggest cracks in Jammeh’s claim to a scientific cure for HIV/AIDS. Jammeh’s rhetorical shift—from being the agent who employs scientific instrumentalism in the pragmatic pentad to becoming the Almighty Allah’s agency in the idealistic pentads—does not support the claims Jammeh makes about his herbal concoction. Rather, this shift points to an Islamic-prophetic orientation to his cure program, whereby the mystical link between Allah and Jammeh is known only to Jammeh, Allah’s agency. To the extent that Jammeh fails to satisfy the strict requirements of objectivity in the conduct of his science, Jammeh’s claims can only be regarded as pseudoscience from the scientific terministic screen. In this regard, the definitional shift that Jammeh seeks for his claim of cure for HIV/AIDS is rejected by the biomedical model. Since the Islamic model does already embrace the idea of a cure for any disease under the sun, there is no definitional shift in the construction of HIV/AIDS in this case. Since there is no definitional shift, Jammeh’s attempt to incorporate the scientific method into his claim of cure for HIV/AIDS is only a rhetorical act aimed at persuading his lay audience, especially PLWHAs, to accept his cure program as authentic.

Third, contingent on the second point, Jammeh’s values are subjectively based on Allah’s revelation. These values are over and against the objectivity that biomedicine promotes and upholds.
Fourth, Jammeh articulated his values using fear appeals, narratives of intimidation and deception, appeal to the name of the Almighty Allah, and also appealed to association and disassociation to galvanize identification for his claims. For those living with HIV/AIDS who still troop to Jammeh’s healing sessions, the lack of public discourse, the lack of alternative to the herbal concoction being promoted by Jammeh, the fear of challenging a health-dictator, and their own vulnerability are enough limitations to make them accept the situation as presented by Jammeh.

By combining these rhetorical strategies that invoke fear and acceptance among PLWHAs and the uninfected, Jammeh’s power is enhanced and his authority is even made more unquestionable. For anyone who believes in the Almighty Allah, there would be no reason to question his messenger; and for those who belief in the ways of science, Jammeh’s claim to the scientific process is to put them at ease in accepting his pseudoscience.

Fifth, Jammeh’s motives in the pragmatist pentad were to advertise his herbal concoction using vulnerable PLWHAs. Within the same pentad, as a rhetorical motivation, Jammeh evades the exigence of submitting his medication to a blind review process by insinuating a potential sabotage if he submits his medication to this time-tested process. With regard to the mystical pentads, Jammeh’s motivations were to scare PLWHAs away from anything Western by ascribing mysterious origins for HIV/AIDS. This way, he would be able nudge PLWHAs away from ARVs and direct them toward his herbal concoctions. The overall goal of Jammeh was, therefore, to replace ARVs and other biomedical medicines with herbal concoctions in the long run. By doing this,
Jammeh would able to evade the responsibility of having to provide ARVs for his
countrymen who are living with HIV/AIDS, especially with limited health resources and
budgetary constraints.

Similar to the pragmatic pentad, Jammeh’s motivations in the idealistic pentads
were to advertise his herbal concoction and to also seek international support for his
hospital project, respectively. With regard to the fifth pentadic act, the exigence of care
for PLWHAs caught up with Jammeh, as he could not continue to treat PLWHAs at the
forecourts of the State House of the Gambia, therefore, the need to seek international
support. Bearing in mind that a crack has also developed in his rhetorical claims, Jammeh
was motivated to now resort to the use of the Almighty Allah as a rhetorical strategic to
fend off any accusations of quackery.

Sixth, even though Jammeh’s rhetorical artifacts selected for this study were in
most part incoherent, Burke’s terministic screens and dramatistic pentad have been
effectively applied in their analysis. The incoherence of the artifacts can be viewed from
our understanding of written compositions in a Western structured form—whereby a
speech is organized to address specific elements that the audience can easily identify; for
example, the introduction (attention getter, etc.), the body (with main points and their
supporting evidence), and the conclusion (with the restatement of the thesis and review of
the main points). As Western rhetorical tools, the terministic screens and the dramatistic
pentad have dispelled the presumption that they might not effectively map out and
explain the selected artifacts due not only to their cross-cultural origin, but also due to
their incoherence. The malleability of the terministic screens to engage cross-cultural
artifacts in generating understanding of the values and rhetorical resources embedded in them is underscored. In the same vein, the dramatistic pentad has also proven that, in spite of cultural variations in our perception and speech patterns, it can be applied in mapping out the elements of cross-cultural and intercultural speeches in their own right, not necessarily following a Western way of perception and speech patterns.

Finally, the analysis of Jammeh’s claims reveals that political dictatorship can potentially lead to health-dictatorship. From the closure of the universe of discourse in the political sphere, health issues in the Gambia have been foreclosed to public participation, imposing health-dictatorship on the Gambia.

5.3. Recommendations

With the dramatistic pentad revealing fragmented values with regard to the worldviews embedded in Jammeh’s discourse, the problem is not that the biomedical model of healing has not been absorbed or grounded well enough in the Gambia as suggested by Leach (2010). If we accept the premise that it is because the biomedical model is not well grounded in the Gambia, then we might attempt solutions that will increase the presence of the biomedical model in the Gambia. By increasing the presence of the biomedical model, the communicative issues concerning the disease might not be fully addressed. For those who believe in the traditional or witchcraft, the Islamic, and the Christian models of health and healing, this might be seen as an attempt to stifle such local efforts at dealing with HIV/AIDS and ARVs. A good way to promote a healthy relationship between the biomedical and the other models of healing in the Gambia is to
allow PLWHAs to understand the full consequences of the choices they make with regard to healing practices concerning HIV/AIDS, ARVs, and herbal concoctions. This can be done through targeted, open, and increased communication about the disease and its varied therapeutic practices. Once the various options are well-explained to PLWHAs, they can be allowed to make their own choices with regards to what works in their best interest. This recommendation must also be understood from the position of free choice, so that health workers are not seen as stifling traditional herbal concoctions which some might regard as being efficacious to their health needs and overly promoting biomedicine.

Furthermore, with a dictatorial agency imposing health-dictatorship on the HIV/AIDS and ARVs discourses in the Gambia, the Gambia can be said to be experiencing a closed universe of discourse. There is, therefore, the need to reset the pentad in ways that allow vulnerable PLWHAs, civil society, and individuals with interest in the HIV/AIDS and ARVs discourse to participate in this important discussion. To do this, it is evident that individuals within territorial Gambia may attempt doing so at a great cost to their lives, based on the history of those who opposed the president in the past. One way to keep the Gambia on top of the HIV/AIDS and ARVs discourse is for global networks within the African continent and the world over to collaboratively engage in activities that will keep the Gambia in the public sphere with regard to the HIV/AIDS and ARVs discourse. Some of these activities may include sending out solidarity messages, open discussions on the Gambia at international forums, and helping create web-based educational materials on the Gambia. It will also be important for some
of these organizations and their representatives to engage the president of the Gambia, Yahya Jammeh, in open discussions; for example during Jammeh’s visit to the U.S. in 2013 and another one to France in 2014, these networks, through the protocol services of the countries Jammeh visited, could arrange to engage the president in the HIV and AIDS discourse to continue to probe his views on these issues. Pertinent questions to Jammeh would be whether he is aware of donor contributions toward HIV/AIDS and ARVs expenses in the Gambia. Importantly, the question of whether he is aware of other healing models, whether he is aware of the HIV/AIDS and ARVs policy failures in the South Africa, and what steps he is taking to ensure PLWHAs have a freedom to choose from among the alternative healing models would be posed to Jammeh.

Finally, since this research only set out to investigate the rhetorical claims of Jammeh, its arguments and audience response are probabilistic, not absolute. These speculations are based on the most plausible explanations offered by the pentadic map and the terministic screens, the conceptual frames from which the analysis were conducted. Thus, these speculations provided important insights into the understanding of the general claims made by Jammeh, how these claims impacted on the HIV/AIDS and ARVs discourse, and with what the implications for the audience members might be. But to understand the realities of each audience member—especially those living with HIV/AIDS—there is the need for a future inquiry which should be directed at PLWHAs in order to measure the effects of Jammeh’s rhetorical claims on them and how the claims and the realities they constructed affected their everyday circumstances of living with HIV/AIDS. This exercise can be done through field interviews and observations in order
to appreciate how the various audience members negotiated the reading of Jammeh’s artifacts.
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Appendix: Jammeh’s Selected Artifacts

1.1. Jammeh’s HIV/AIDS Treatment Inaugural Speech

President Jammeh announces to participate in the treatment of hiv/aids and asthma

18th January 2007:

As the world's scientists and medical doctors continue to scout for an HIV/AIDS cure, which they have not been able to find for the past 20 years, The Gambian leader President Yahya Jammeh yesterday Wednesday disclosed that he has the cure for the HIV/Aids pandemic as well as asthma.

Today at State House, the Gambian leader will start the treatment of HIV/Aids patients. His treatment of asthma patients will start on Saturday. At State House at a ceremony attended by the Vice-President, Secretaries of States and many dignitaries, President Jammeh said in his statement on the cure of the two diseases: I call you to this meeting and maybe you will wonder why I called you including the two Ambassadors from Cuba and Taiwan. I called the two Ambassadors and of course Rose Clair Charles because you have a direct link with the health delivery system of this country. You know that Cuba is a key partner in our health sector and Taiwan is the force behind the Medical Team in The Gambia. This is a follow up to what I said on GRTS that I will now fully participate in the treatment of certain critical cases.

Since 1994, there are many Gambians who know what I can do. A lot of people have been treated in silence or under conditions of strict confidentiality .One would wonder why I start giving medicine to the public and all of a sudden stop. I have been having a lot of queries about that even after we went to the RVTH on Saturday. People were saying, "Well, the President. This is what he does. He will introduce very effective medicines and all of a sudden it will die down and we will not have access to him."

I had to work on instructions. I don't have the mandate to do it publicly in great numbers. I was only restricted to a small number so as to be able to prove to people that what I say is what I can do before I have the permission to do it publicly.

I am not speculating on my medicine. There are living witnesses to what my medicine can do. As far as I am concerned it takes only five minutes to cure asthma. I have other medicinal herbs that can take care of a number of illnesses. One of it was the one that was sold publicly at the July 22 Square and the Serrekunda Police Station. But of course, it has to stop at a point because I don't have the mandate to go beyond that.

I now have the mandate to cure people publicly under strict conditions that I have to abide by otherwise I pay the price.

Now I have the mandate to publicly treat all the diseases on condition that the patient will be treated publicly. In fact, the first and the most important condition is that the person must be diagnosed by a medical practitioner or a medical institution. I am not authorised
to treat anybody who just feels sick without a doctor's confirmation. I can treat asthma and HIV/AIDS and the cure is a day's treatment. Within three days the person should be tested again and I can tell you that he/she will be negative. After the treatment, they have to go to the RVTH for a test again. As I said, I will not treat anybody who is not diagnosed as asthmatic or a HIV/AIDS patient by a doctor. I don't want to give my medicine to a wrong person. So the reason why I called you is that I have to work with a team of doctors that I can trust. Doctors who will not sabotage my treatment. That does not in anyway mean that I will give them the medicine. These doctors would make sure that the patients abide by the instructions. If I give you the medicine with instructions on how to go about it and you go and do something contrary to that and you turn out to be positive, don't blame me. I will not give you names but it is true. It is not a treatment that I speculate on. I am not doing it for money or popularity. The mandate I have is that HIV/AIDS cases can be treated on Thursdays. That is the good news and the bad news is that I cannot treat more than ten patients every Thursday. There is nothing I can do about it and if I go beyond that I will have to pay the price.

For asthma, I have to choose between Saturday and Friday. I am also not authorised to treat more than 100 people. I am also not authorised to treat anybody who does not produce a diagnostic paper of asthma or HIV/AIDS. One will asked what the Cuban and Taiwanese ambassadors are doing here. The aim is to share the treatment with them because in Taiwan traditional medicine are used. The asthma medicine can be mass produced and packaged and exported to them. The one on HIV/AIDS cannot be mass produced because I am restricted to ten patients only on every Thursday and I cannot go beyond that. I want to have a team of three doctors for asthma and HIV/AIDS. I want you to select ten HIV/AIDS patients: five males and five females for Thursday.

The conditions should be explained to them before they come because if any of them backs out, you cannot replace the one that has backed out. They can eat before coming but they should not eat anything that is oily. The medicine will be given to them in the morning as a preliminary and after, they can eat and in the evening they take it again. Once that is done, they cannot eat anything else the following morning. They may be hungry and thirsty but they have to bear it and that is why they need a doctor to monitor them. Once they have taken the medicine, they should not eat anything no matter what happens till the following day.

Now with regards to asthma treatment, that is the easiest part. When they are coming for treatment in the morning, they should not eat anything that has pepper or seafood when they take the medicine, for four hours they should not eat anything. After that they can eat anything except something that contains oil or seafood. We want to see how we can work with the RVTH to see where these people can be kept until the following morning. With regards to asthma treatment, there is no need to keep them. They can go for six months, without taking anything that is alcoholic. With regards to HIV/AIDS, they should be kept at a place that has adequate toilets facilities because they can be going to
toilet every five minutes.

Anybody who says he will not be treated publicly should stay away because I have to fulfill the conditions and I will not take risks for anybody. I am not a witch doctor and in fact you cannot have a witch doctor. You are either a witch or a doctor.

1.2. Discharge of PLWHAs Purportedly Treated by Jammeh

President’s speech on the discharge of 13 cured HIV/AIDS patients. Sunday, June 17, 2007

Honourable Secretaries of State
Secretary-General Office of the President
Service Chiefs
CEO RVTH
Cuban Team
Permanent Secretaries
My boss, Alkalo of Kanilai, even though am the President, but if am in Kanilai, he is my boss as am under his jurisdiction
Civil servants
Honourable members of the National Assembly
My medical team
Patients and well-wishers.

First of all, I would like to thank the Almighty Allah for a day like this. I want to also thank Dr Malick Njie and his team for their dedication.

We come at very difficult time. I want to thank you for every dedication and loyalty. I want to remind Gambians why I say that we started work at difficult time and the patients who are now treated and discharged can attest and those who watch TV, if you remember them, you know what am talking about. The Almighty Allah knows that your first time we brought this patients, some of them, their body conditions was very difficult to lay hands on them. I received my calls from well-wishers. I have received complaints from well-wishers. Out of concern for my well-being, they advised me not to touch the patients because the way they have seen their body conditions of the patients. I should not touch them. I should leave it to the doctors and nurses. I told them with all due respect, that is something I cannot do. Those doctors and nurses are human beings and they have the same life that I have. So if I have to leave it to them to touch the patients, because am fear of my life, then am not honest. I thought I put their concerns to rest. Only for them to come back and say yes we know they are human beings, they have the same life as you and they are trained to take risk and they are not the President. They say if you die and you are the
President you destroy the country. I told them I would not live one second beyond the
time allocated to me, and I will not die a second before the time allocated to me by
Allah.

To make a long story short I made it very clear that I declared to the whole world that
I can cure AIDS and if I show any fear for any AIDS patients that means that I
cannot cure it. So, if I don't touch the patients am not confident in my declaration that
I can cure HIV/AIDS. Why would you be afraid if you are a doctor of a disease you
claimed to be able to cure. Well, to our Cuban brothers and sisters, these are true
friends of The Gambia. Today Gambia's profile in the medical service is among the
best in the whole world. Thanks to the generosity of the Cuban government and
people. Well they may be wondering why, they don't continue on the treatment.

When we started, we started with them. Then a situation arose and I have to let them
go. The reason being, when the first CD4 counts results were announced I realised
that we have picked a huge fight globally and since the valiant people of Cuba has
always been in fight in big powers. I don't want them to be part of another global
fight. I pick up the fight on behalf of The Gambia and humanity. I didn't want to add
another burden to the republic of Cuba, that was the only reason why I said we leave
our cuban brothers and sisters in peace, while we continue this global fight that has
been unleashed on us. So, it is not because you are not efficient it is not that we did
not trust you, the simple reason is that I don't want to put you in a fight that is directly
against Yahya Jammeh and The Gambia. The principles of humanity dictates us that,
if you have a friend who is always in a fight and trying to help you, it's more
honourable to involved him in a new fight. That is the reason why our Cuban sisters
and brothers were relieve of their responsibility in the treatment of HIV/AIDS.

Why today? I don't claim to be God, I don't claim to be a prophet but I've every right
to claim that am a God fearing person and my love for humanity have no limit and I
do everything possible to please the Almighty Allah, and I prayed to Allah. Am not
looking for popularity, wealth, but all what I seek is the pleasure of the Almighty
Allah. We are not visitors of this world, we are leaving today. The most important
world that we all aspire of is the Kingdom of Allah in heaven. Whatever I do in this
world, I do in pursuit of the next world.

The fight against HIV/AIDS, the treatment has expose the hypocrisy and lip service
that the western world is putting on today. Let us ask ourselves as African and Non-
Europeans, why is AIDS killing more blacks and than the rest of humanity. Malaria
kills both Black and White, Asthma attacks both black and white in equal numbers.
In fact Malaria is more devastating to the white race than we the Blacks. But why is
it that, AIDS anytime it is mentioned by the international western press, if they give
you that 20-million people are suffering from AIDS and what is a million for the
local people. When we talk of a million, people will wondered because it does not
exist in our local languages. But thousand-thousand is a million, that is what we talking about. When they tell your that 20million people are suffering from AIDS, they will tell you that 19-million live in sub-saharan, that is the black people. People don't even know what sub-saharan means. It is a discretion that the European found when they came to Africa. Sahara is their language. In European language sub-saharan person is somebody neither black or white. So when say sub-saharan is somebody that is between black and not white. That is why they qualify us as sub-saharan.

Why is that in the whole world if 20-million are suffering from AIDS, 19-million live in sub-saharan Africa which means that you and I counted them. Now, everybody believe the statistics the western press gives about Africa. They have shown all laboratory evidence to back their claim that in some countries, 3 out of 4 nationals are HIV positive. The UN AIDS and WHO accepted those figures. So, why can't the UN AIDS and WHO accepted laboratory test that are more evident proven than what these people are claiming because our resources is tested in a modern laboratory for that matter. So if they are concerned about the AIDS pandemic in Africa, why can they embrace any attempt that shows positive signs that AIDS can be taken care of.

I Yahya Jammeh, my name is the Holy Quran. Am not claiming to be a prophet but I can raise my hands that from the origins of man up to date am the first President who is called Yahya Jammeh. And in the Holy Quran, it is stated that ‘Ya yahya' meaning you Yahya holds on to the Holy Quran and make sure the truth prevails. Am not afraid of anything except the Almighty Allah. From the date when the first results of the PCR were announced, they called me all sorts of names. I have been the subject of negative western press. But the greenest and the best tree in a plantation, that is a tree which is germinated in a place where there is more fertiliser. What do I mean by that, all the negative propaganda, all the bad names that they call me is the fertilizer for the tree call Yahya Jammeh.

I will never waver my crusade in the fight against HIV in The Gambia and in Africa. Yes you will be surprise to know that the WHO and the UN AIDS have given endless problems to the laboratory that tested the blood samples and proven that the medicine is effective. Now they want to know where we want to go next so that they can go and talk to that country not to accept samples from The Gambia. Why? There is a reason. Even we Gambians believe in witchcraft. When somebody dies and it is claimed that the person may be killed by witchcrafts, even thought those who are suspected of killing the person cry the most. Yes, because they don't want to show that they are responsible for the person's death.

So those who produce Aids to kill Africans (blacks) are the ones crying loud about doing something about Aids in Africa. But their insincerity has been shown by their brutal attacks on something that scientifically cannot be disputed, that is the results of my treatment. If they are concerned about HIV/Aids and they want to stop it, if they
are sincere, the first thing they should have done was to come and say let's see how we can develop it and make it available for humanity.

Still am coming back to the question. Why today? Because I could have discharged them a long time ago, Dr Malick Njie is here with the Cubans and Mariatou Jallow, Dr Mbowe. I said that I can take care of it in three days to ten days. And the first batch has proven it by testing them after ten days, that what I said is true. I didn't discharge them to go home. I could have discharged them after 30 days but I didn't do that's why? because, the so-called western doctors and western press, the propaganda machinery for the West have labelled me as dangerous and irresponsible, why? because they said that I told those who are on ARV to stop taking ARV's and they said that anybody on ARV if you stop taking it, you will die 3 months.

That is why I kept the spirit for 6 months. They said 3 months if you stop the ARV you will die, I kept them 3 months and they didn't die, to prove them that they are lying. I kept them for another 3 months, because I have already proven them that they are telling lies. But they could have been easily manipulated and some of them would die and they will say, look at Yahya Jammeh's treatment. That is why I kept them for another 3 months. They can stand up, even those under treatment, and tell me who has a headache. In fact, Fatou Jatta and Darboe need to thank Dr Malick Njie because they used to give him many lifting exercise. In the first week, we used to have three sections of treatment and each time they come to treatment, they use to carry them and put them on the bed. After one week, they stop to be carried and they climb on the bed themselves. When they came, Darboe could not stand for 2 minutes. She had all endless problems. And for Fatou Jatta, I have made a pledge to her when we tested the first test, at the PCR that is the vital load, she had a million copies and above. Among those that were tested, 2 of them had the highest viral load. She should have despaired but I made a pledge to her that by the grace of the Almighty Allah, you will not die of Aids, and that you will improve to a standard that you will not believe that you are the same Fatou Jatta.

Now, I found very difficult to recognise her. I use to call Darboe “Bambusu” one day she looked at me while she was lying on the bed, she said, President the names you are giving me is too many--- Jammeh laughed.

Do you people think am crazy or stupid to claim that I can cure Aids when I know that Aids is killing Africans and the rest of mankind. If I cannot do it, why would I attract such negative attention to myself which will hurt me, my family and my country for the rest of humanity. I will never subject my people, the Gambian people, Africans, to Western ridicules. I will never do that.

Ousman Sowe, is here where they came he was on ARV. He was the 2nd to last to come. The last person to arrive was Darboe. When Ousman came, he was on ARV
and a lecturer at the School of Public Health, and by the time he came, he was not able to stand and lecture and he was on ARV, stronger. But when he came to the crazy Dr Jammeh, the man who is a lunatic, the man who is irresponsible, dangerous and playing with human life, today he can run from Kanilai to Kamfenda. Ask the patients, the clothes they were wearing before, now they cannot wear that. If my medication was false, I can tell you that, most of them would have been death by now.

Well, for the rest of the people that have not been discharged, I made it very clear that it is my responsibility and I have explained clearly what my medicine does to HIV/Aids. What I said, I will repeat it. I will get rid of the Aids virus in your bodies. Those who we think the virus is finished in their body, are those discharged. I made it clear. But if you even have 10 copies in your body, I will not let you go until these 10 copies are eliminated from your body. You will be surprise that you have 2 from the 3rd batch that has been discharge today. They stayed less than 3 months with us. Why?.... I know we can discharge more from the third batch but we can't do that, because, most of them, we are still testing their samples. Some of them, the results will be out this week.

To those discharged, at least, am vindicated, that I have done what I say I can do. But my treatment is not a guarantee against re-infection. So the entry point of re-infection is still open, that is the responsibility of you to close that entry point. You are all known today in The Gambia. Internationally, all of you are known because, all your pictures are in the internet. If somebody comes to fool you and say let me take your blood sample, and you allow the person to tamper with your blood system, if you are re-infected, I will not treat you. As you sit, there is another batch of 90 patients that are waiting and you will not come back and deprive others the chance you have enjoyed. Some of you have partners that refuse to be tested. As a Muslim, I should not tell you what you should do in your mind. But look at what is in your best interest. If you want to take the risk and sleep with that partner, it is your problem. As I said, my treatment is not a vaccination against re-infection. And we will not follow you to see who you sleep with or who you play with. What we will do is, on a weekly basis, you will come to be given medications to continue with other opportunistic infection. You will continue with that for another 3 months, after which I don't know you, you don't know me. Be serious with your life and Allah will protect you.

I want to thank every Gambian, the patients, especially, the first batch that is the lead for the trust.

They were subjected to all sorts of ridicules. They heard all negative words, and accepting to appear on TV. From day one I became Head of State, my slogan has always been “transparency, accountability and prohibity”. Am quite sure that members of the second batch will do more better than you if they are telling the truth. Today in The Gambia, Aids is no longer the incurable disease.
By the grace of Allah, we will continue to treat Aids, Asthma and diabetes. No one question me on the treatment of asthma and diabetes because asthma and diabetes are universal and are natural disease. They are not created for any particular race. They did not question my ability to cure Aids. Why condemning me for treating HIV/Aids. Because, the virus has been created to kill non whites and because my medicine has the potential to make them fail their objective of eliminating the black man, they where attacking me. The acronyms of Aids tells you the origin of the virus. If you create a virus, no matter how you manipulate it, there is the danger that it can run out of control. Those who believe Aids will only kill Africans, let's wait for the next five years and see.

It is also important to tell Gambians that we have cause to expel three patients who violated all our rules, which was detrimental to the well-being of the patients. One from the first group, two from the second group. In the third group, as far as I know, we have no cause to expel anybody, but the rules are very clear. Violate the rules, repeat it and go home. I will not take risk.

So for the purpose of those who are coming for treatment, you should know that to continue the treatment, you have to obey the rules and regulations.
Also among the patients, there were 2 cases of death. Their time was up from day one, we just know that we are managing this people. They die from the consequences different from Aids. I also made it very clear that somebody whose time is up, I can't do anything about it.

90 people are supposed to constitute the 4th group. I must apologise to the families of the nurses and doctors who spend most of their time in the treatment. I want to thank your husbands and wives for the understanding. From now, I free you from my treatment. May Allah guide you. Discharging you does not mean the end of my support to you but don't abuse it. Alsamadeeh!
-End-

1.3. Celebration of First Anniversary of a Cure for HIV/AIDS by Jammeh

Statement by His Excellency the president Alhaji Dr. Yahya A.J.J. Jammeh on the celebration of the 1st anniversary of the HIV/AIDS breakthrough at the July 22nd Square in Banjul Thursday, January 17, 2008

Aouzubi Lahi Mina Shaitani Rajeem Bismi Lahi Rahman Raheem
Alhamdu Lilahi Rabil Alameen, Alhamdu Lilahi Rabil Alameen, Alhamdu Lilahi Rabil Alameen
Honourable Speaker of the National Assembly
My Lord the Chief Justice
Honourable Secretaries of State
Members of the Diplomatic and Consular Core
Managing Directors
Senior Civil Servants
Cultural Groups
The Venerable Religious Leaders
The Students and their heads
Fellow Gambians and of course the people that were undergoing treatment for HIV/AIDS and other diseases
First of all, I want to thank the Almighty Allah, who created me and gave me all the knowledge that I use to cure humanity. Secondly, I want to thank my mother who suffered for nine months and beyond to nurture me and make me a human being. ---- APPLAUSE----

Thirdly, I want to thank the Medical team that supported me all the way, from the beginning Dr Pachah Njie, the Cuban medical team and of course the Gambian Nurses and the First Group that volunteered to come forward and be an example to others, which encouraged the others to come and follow them. --- APPLAUSE---
I also want to thank all those who contributed in one way or the other towards the success of the treatment because it is a very expensive treatment.

I can only thank the Almighty Allah for this day. One thing we should look at; without the Almighty Allah you cannot do anything. The day we started the treatment last year, and one year today, it almost coincided with Youmal Ashura. That tells us a lot. I don't want to go into details but what I want to assure you is that my treatment was not meant to challenge anybody, or to fight anybody. My treatment purely is to fight disease and all diseases that are labeled as incurable. If the pharmaceutical companies that are making billions out of the HIV/AIDS pandemic think that am doing it to fight them. No!!! Making my treatment free does not mean that am fighting anybody. If I also tell you that it is entirely free, is not true. I am being paid or am going to be paid; I want the Almighty Allah to pay me for what am doing, not human beings. ----APPLAUSE----

So for the others that think that my treatment is a threat to them, well they should believe in the Almighty Allah and the Almighty Allah value humanity more than all his creation. Therefore you must be of service to humanity.
We have treated so many diseases, but I will only tell you the latest and that is if you are paralysed there is a 99% likelihood that you will be able to walk again. ---APPLAUSE---
I know what am talking about because we treated one patient who was critically paralysed, they use to carry him, now he's working on his own and even doing exercise. ---APPLAUSE---

With regards to Infertility treatment, I told you the reasons why it sometimes fails in some women. Sometimes it could be the wife, sometime it could be the husband. But one
thing I am certain, if it is the wife and you have not gone beyond the age of bearing children, 'inshallah' if you take my medicine, you will have a baby. And less than two month since the beginning of that treatment we have reports of about eight that have conceived so far.

I will not also complete my statement without expressing my disappointment with the people that benefited from my treatment free of charge. We treat you, we cloth you free of charge and when you are well we discharge you. The little you can do for me is to present yourself today so that people would know you are grateful. More that 25 former patients that have been discharged are absent today. We treated more than three thousand Asthma patients, I think none of them is here today. Ok one lady has raised her hand. And I cannot even remember how many people received treatment for High Blood Pressure at a time when I was very busy on my farm and I think very few less than ten are here. Fellow Gambians, is that an encouragement for me to waste my time treating people and when they suppose to show up they don't show up? Is that fair? But let us remember one thing, the world is three days – Yesterday, Today and Tomorrow. Tomorrow you may have another ailment and you come to me for treatment; you will pay for the treatment 'Billahi Wallahi Tallahi'. If you are not faithful to humanity you can never be faithful to God.

I want to congratulate those who have been discharged. I made it very clear what my treatment is about with regards to HIV/AIDS. My medication eliminates the virus itself so that you will not be sick again. And we discharge you only when the machine that said that you are HIV positive now declares that you don't have the virus in your body. So on this note I want to caution those who have been discharged. My medication is not a vaccine that immunises you against the disease. So it is no guarantee that you will not be re-infected if you are careless and the mere fact that the treatment is available does not mean that people should be careless about the disease. Because of limited facilities and resources we can only treat as at now one hundred and sixty-five at any given time. So you have to be very careful and keep faith.

President Jammeh Suggests a Better Way of Celebrating The Breakthrough

According to the programme for the celebration there was suppose to be some musical and cultural programmes but we will celebrate it in a better way tomorrow and on Saturday, here at this square. We are going to do it by calling the religious schools that are here for the recitation of the holy Qur'an tomorrow (Friday) up to Saturday morning and Saturday in the evening. We will continue to Sunday morning to thank the Almighty Allah for what he has done for us and also to pray for the Almighty Allah to forgive all those who are gone as a result of the accident (referring to the recent truck accident in Serekundanding that claimed the lives of ten people), to forgive them and allow them in His Paradise. This task is hereby given to Imam Ratib, State House Mosque Committee and the Supreme Islamic Council. Those who are coming don't worry; you will have enough food and drink as long as you recite the holy Qur'an correctly.
President Advises Patients on Religious Worship
And those who have been discharged, you remember throughout your treatment, you never missed the five daily prayers during the treatment. Don't abandon them when you go home. May the Almighty Allah guide and protect you and you protect yourselves.

More Discoveries
Now, I promised the Gambians that by December I was going to announce whether I can cure Cancer or not. Now one thing that is certain is that one of the medications we give to people also takes care of Skin Cancer. The rest of the Cancers we have not tried yet but one thing I can say with certainty is that if you have Skin Cancer, come to my clinic. One dose you are ok. ---APPLAUSE---
Thank you very much. ---APPLAUSE--- -END-

1.4. Jammeh’s Christmas Message

New Year message by His Excellency Sheikh Professor Alhaji Dr. Yahya A.J.J. Jammeh, President of the Republic of the Gambia on December 31, 2012
Fellow Gambians
Friends and well-wishers of The Gambia
Dear viewers
Humanity at large
Ladies and gentlemen

As we march into the New Year 2013 with profound gratitude and praises to the Almighty Allah for giving us this privilege, we will continue to seek His innumerable blessings and infinite mercies for our motherland throughout the New Year and beyond. As a nation we have a lot to be grateful to the Almighty Allah and should not lose sight of the fact that only He can give us what we need to not only develop our motherland into an economic superpower sooner rather than later but for our daily sustenance as well. As we rejoice, celebrate and participate in the usual festivities that come with this season, looking forward to the new year with strengthened hope, enthusiasm, and optimism, we must not lose sight of the fact that this is also a period of prayers, thanks giving and devotion to our creator and Lord of the Worlds.

These are also times that give us the opportunity to look back on the past twelve months, in order to assess our performance as individuals, community, and more importantly as a nation. This allows us to better prepare ourselves for the next twelve months with more resolve to improve on our performances and attain better quality of life in the New Year. As a nation we have achieved a lot over the past eighteen years compared to the previous governments but we still have to work much harder with strong patriotic zeal, honesty and more importantly with total devotion and submission to the Supremacy of the Almighty Allah if we want to achieve the economic superpower status on time.
Armed with our strong faith in and fear of Allah driven by strong determination to succeed, working together as one united family of a nation, we shall reach the promised land of highest standards of living where poverty is relegated to the dust bin of history and greater happiness, peace and everlasting prosperity will be the order of the day. In essence an economic superpower that would dwarf the current day military superpowers or economic giants.

This will be the ultimate destination for this great nation. It will be the greatest triumph or success but no success can really be termed great success, if it is achieved without facing great challenges and overcoming them. Greater challenges lie ahead of the road to our promised destination. These challenges have to be faced collectively and overcome. The greatest successes can come only after overcoming the greatest challenges or obstacles. Like any other year, the New Year will bring challenges, opportunities and successes, but each challenge should unite and bring us closer and each success should make us stronger and better believers in the supremacy of the Almighty Allah. Indeed as believers who put their trust and faith in Allah, we will always be a stronger nation and our optimism boundless. As a result, we can achieve any goal that we set for ourselves as a nation and our this country will reach greater heights with the coming of each New Year InShaAllah.

As the New Year begins let me take this opportunity to not only congratulate you all but wish all of us greater happiness and more prosperity and success in all our noble endeavours in the New Year 2013. I also pray that all our dreams and development plans in the New Year come true.

Fellow Gambians
Friends and well-wishers of The Gambia
Distinguish viewers
Ladies and Gentlemen
For the better self-assessment as a nation as we are poised to enter the year 2013, it is prudent to engage in serious reflection on the year ending. In this context, I observe that similar to the preceding years, 2012 was an eventful year both nationally and internationally. For illustration, I will briefly make reference to a few remarkable events. Globally, the world has continued to move further towards multi-polarity and globalization, while innovations of science and technology brews new breathtaking breakthroughs, though Global recovery from the recent economy meltdown is still slow, with hardships and discomfort accentuated by both natural and man-made catastrophes lingering in many nations. World peace, development and human progress socially, politically and economically have been hindered as a consequence.

However, we are thankful to the Almighty Allah that despite the turbulence in the international economic system, during the year, our economy remained resilient and stable. We were able to absorb all the shocks due to prudent financial and fiscal policies implemented by government.
In view of the important contribution of Agriculture to the economy, we appreciate the amount of rainfall this year, and we are delighted at the positive response of Gambians to my “back to the Land” call, which has resulted in a very good harvest generally. Hopefully, this will ensure sustained economic growth and increase household food security in the coming year.

This optimism offsets the despondency resultant from the 2011 crop failure that had terrible consequences especially for the poor and vulnerable groups in society. It was fortunate that Government cushioned that crop failure competently with appropriate measures that were complemented by support from the international community. To all those who provided such support, we convey profound gratitude.

Fellow citizens
Ladies and Gentlemen
It is expected that the economy will grow in the New Year due to the good rainy season and increased agricultural output. In order to promote and sustain this growth, we shall continue to maintain and improve on the fiscal discipline and monetary policies implemented throughout the years. Furthermore, government will continue to work with the private sector to spur economic growth and, thereby, create more employment opportunities, especially for the youths. To this effect, Gambian entrepreneurs and employers are urged to continue to be innovative and look for business opportunities in virgin areas.

ICT cannot prosper in the absence of power. Interestingly, the energy sector had been gripped by numerous challenges in the past, including incessant power outages. Fortunately, the upsurge in access to electricity in the country and the reliability of the service provided in this sector during the current year has contributed tremendously to improving the business climate and socio-political life in the country. Notwithstanding this success, we will not relent in our efforts to improve the distribution network and provide power for every community in The Gambia including the utilization of alternative sources of energy – that is renewable energy.

One of other events in 2012 witnessed the execution of convicted murderers based on the provisions of the Constitution and Laws of the Land. Such necessary actions despite being constitutional were misconstrued outside The Gambia and hypocritically blown out of proportion unnecessarily. In fostering peace and stability in The Gambia, my Government will never compromise with criminals whose main intention is to stall our progress. When we carried out those executions, we acted within the confines of our national laws, and in accordance with our commitment to the rule of law. As a nation, we denounce violence in all its forms, and my Government will always maintain zero tolerance for violence, anarchy, murder, rape, drugs, corruption and sadistic criminal disguised in any religion to slaughter innocent people under the name of any cult – I call
it cult because none of the main religions Allah's prophets enjoined any act of violence and mass murder in pursuit of establishing or expanding such a religion.

Fellow Gambians
Friends of The Gambia
As we strive to maintain a healthy nation, we will work hard to educate the nation. Linked to this, it is worth mentioning that the education sector continues to be a source of pride for us and a catalyst for attaining economic superpower status we are fervently working towards. The intensification of the Primary Teacher's Certificate Extension Programme, introduction of the donkey cart to enhance school access, the quality improvement initiatives relating to teacher content knowledge, training of Mathematics and Science teachers, and the cash transfer system are among the innovations within the sector.

At the upper echelons of the education system, graduates from the tertiary and higher education level have increased in critical areas that were before now under-subscribed. Hence, this year's convocation ceremony marked the inauguration of the University of The Gambia (UTG) Science Park and the first graduation ceremony of home-trained lawyers, some of whom now support the Gambian bench in their quest to adjudicate or deliver justice. The number of doctors graduated in 2012 is unprecedented, giving us the reassurance that the ratio of doctors to the population will continue to improve. In addition, the graduation of the first batch of UTG students tutored through distance learning is one of a number of new strategies employed to expand access to university education. Happily also, much of the preparatory work leading to the civil works for the UTG campus in Faraba Banta has been done, and construction works will begin in 2013.

Fellow Gambians
Friends of The Gambia
The Declaration of 2012 as Year of STI prompted nation-wide activities that ranged from radio and television sensitization programmes, discussions, essay competitions, parades and exhibitions to the organization of the First National Science, Technology and Innovation Exhibition and Conference, which was held recently. For the successful commemoration of the year, we thank the STI Ministerial Committee under the chairmanship of the Minister of Higher Education, Research, Science and Technology, supported by the STI National Technical Committee. I have followed the celebrations in the various Regions and Municipalities, and I thank all Mayors and Governors for their cooperation with the Ministerial Committee. In the year ahead, all sectors should cooperate to implement the strategies developed to harness Science, Technology and Innovation for the rapid and sustainable development of the nation.

Fellow Gambians
Friends of The Gambia
No year passes without trials or challenges, hence we always pray for a prosperous future. For the coming year, therefore, let us look forward to a brighter world, but we must work hard and pray for peace, prosperity and security to return to the African
continent in particular and to the whole world in general. Let us resolve to coexist peacefully, and as expected, continue to strive to explore and learn, and to grow, live well and improve our lot.

Last year, at this time, I said it was imperative that we took charge of our destiny by inculcating in ourselves a culture of work ethics and a strong sense of discipline in our daily lives so that we would transform our dear nation into the peaceful economic superpower that we set out to achieve in our Vision 2010. Well, the year, 2020 is only seven years away! Therefore, it is incumbent on all citizens to unite and work together in order to achieve our national targets irrespective of our various political affiliations. To transform The Gambia into an economic superpower requires sacrifice, hard work, patriotism and honesty on the path of each and every one of us. There is no other route or short cut.

Fellow Gambians
Friends of The Gambia
As regards our social life, respect for one another is inevitable if we are to remain knitted as one family. It is imperative that we endeavor to understand one another and avoid inflicting discomfort or pain on anyone else. As we gear up for the New Year, we should be ready to take advantage of the opportunities that lie ahead for this great country. I am confident that, together, we can surely build and transform this country into one that will be the envy of the world.

Globally, I reaffirm that The Gambia will uphold the banner of peace, development and cooperation and adhere to a foreign policy of peaceful coexistence and respect for one another's sovereignty. Unswervingly, we will take the road of peaceful development, and implement a strategy of mutual benefit. We will continue to develop and strengthen friendly cooperation with all friendly nations and participate actively in efforts by the international community to deal with global issues. All these are geared towards building a harmonious world of lasting peace and prosperity for all peoples.

Before concluding, allow me to reiterate the point that since the advent of the second republic, eighteen years ago, The Gambia has grown and prospered. The pace continues unabated, and will continue for many more years by the grace of Almighty Allah. In consequence, I pledge to continue to serve this nation with all my heart and soul. However one person does not make a nation, which implies that I am not the nation. It is all of us citizens of The Gambia, who constitute the nation. Therefore, my Government will march forward with all genuine Gambians and friends of The Gambia, convinced that we will guarantee a brighter future for all. Let us support one another, as we journey through the future – loving, understanding and caring for our fellow travellers on this journey.

To each of you, I send sincere wishes for happiness in the coming year, with a special thought to our Christian brothers and sisters with whom we are celebrating this blessed
season. To the vulnerable amongst us, whether young or old, and to those whom the accidents of life have brought despair, I use this opportunity to assure them that they will not be abandoned. In the fact of isolation and solitude, which are widespread in modern society, I pray that 2013 becomes the year to restore meaning to the beautiful word, “fraternity.” This being the case, I intent to build a one thousand, one hundred and eleven beds multi-purpose hospital dedicated to treatment of HIV and AIDS patients.

To implement this project, I will bank on the benevolence of the Almighty first and foremost and the kind hearted members of the human race through fund-raising, cultural, musical and sporting events. This hospital I hope will be inaugurated and fully operational by 2015 In Sha Allah. With this project coming into fruition, we intend to treat ten thousand HIV/AIDS patients every six months through natural medicine. I therefore count on the support and understanding of all and sundry.

On this note, may Allah the Almighty Subhanahu Wa Ta'ala take in His care our affairs and ease for us the burden of the journey to eternal salvation and peace. I wish you a happy New Year and thank you for your kind attention.

-End-

1.5. Jammeh’s Seventh Anniversary Celebration of a Cure for HIV/AIDS

The President His Excellency Sheikh Prof. Alhaji Dr. Yahya Jammeh celebrates the 7th Anniversary of his herbal treatment programme unveiling yet again cures for liver cancer, pancreatic cancer and breast cancer.

Pile and sickle cell, the Gambian leader has said are also among several complications that have been put under trial at the Kanilai Alternative Clinic and for which he could safely announced have been successfully treated. The announcements were greeted with joy and optimism, most especially by the growing population of patients suffering from either one of the diseases announced. The Gambian leader who was speaking Friday at the Kanilai international festival grounds where a massive crowd gathered to celebrate with him the 7th Anniversary of the Breakthrough also thanked the first batch of nine HIV/AIDS patients for having found the confidence in his medication. That was 7 years ago when from little Gambia came this announcement that a disease the world has come to term ‘incurable’, would be treated by President Jammeh. International media houses flocked to Banjul to garner what they could of this developing story. But almost all of them had to turn the story to suit corporate bodies and organizations with vested interest in what was a lucrative enterprise to profit from.
“I will never be discouraged as far as this treatment is concerned. Because I am not doing it for popularity or to amass wealth. I am doing it for the sake of mankind, irrespective of race, religion, colour or origin”, says President Jammeh.

He went on to dispel any claims that there is any disease in the world that doesn't have a cure; “what we should say as people with knowledge in the treatment of the human body is that a cure has not yet been found for the disease but there is no disease in the world which is not curable”, he stated.

With regards treatment for the cancer family, the Gambian leader said, it is a routine for him to treat patients secretly until which time he feels the medication has worked effectively. Seven people suffering from each of the cancers, he said have been tried and the herbal dosages have accordingly exceeded expectation.

“The treatment that cost him the most amount of money according to the Gambian leader is HIV/AIDS, and the reason he said, was because most of the herbs used in the preparation of the medication were not available in the country. Only two could be found in The Gambia at the time, but that seemed to change. Four indigenous plants, that are very effective President Jammeh said, have been discovered, “so HIV is no longer a problem”, he said.

“ I am not interested in the treatment of common diseases, like Malaria and so on and so forth. My objective in life is to make
He advised women who underwent his fertility programme to observe minimum spacing to safeguard their health and that of their babies. The long wait, he said, should not be reasons for any rush, observing that there are some of the women who have conceived and given birth at least once every year since their discharge.

And speaking of these groups of beneficiaries, the Vice President and Minister for Women's Affairs Her Excellency Aja Dr Isatou Njie-Saidy, said the President has successfully brought lots of smiles and optimism in many households. Pointing to the women and babies lined up in front of her, the Vice President said, there is living evidence in President Jammeh's intervention in this area.

The Director General of the President's Alternative Treatment Programme, Dr. Tamsir Mbowe, was a happy man. Having stood by the President at the height of the war of words, he now went down memory lane to freshen up minds on the days, weeks, months and years leading to the 7th anniversary. He spoke highly of the President's love for humanity and his devotion to the treatment of the sick.

“We Gambians have so much to be thankful for; a great leader whom I will never be tired of saying, has the charisma, love, ethics and all that comes with being a medical practitioner”, he said.

And what came of the first batch of patients treated under the HIV/AIDS programme? Ousman Sowe who was among the batch said they are all well and alive and going about their businesses, indicating their wellbeing. “The same can be said of all the other batches treated after us”. His group, he said, is grateful to His Excellency and his family.

The Minister of Health and Social Welfare, Dr Omar Sey, also spoke at the ceremony, which concluded with entertainment binging on stage the nation's finest men and women in the music business.