

***US Foreign Policy as Culture Change:
Redefining Sexuality in Africa?**

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**Western Political Science Association
March 24-26, 2016
San Diego, California**

That there is a debate in Africa on sex and sexuality has most recently been brought to the fore by the social and legal targeting of gay populations on the continent and the higher profile presence of international actors advocating against this new, restrictive legislation and law. African states without laws on the books are moving to criminalize sodomy, and those with such laws are increasing punishment and expanding the definition of the crime of same-sex sex. There is a vibrant conversation among Africanists about this. Many different theories have been offered by a growing literature: the colonial legacy of anti-sodomy law (Han and O'Mahoney, 2014), cultural and political patriarchy (Msibi, 2011), the articulation of 'Africaness' as an anti-colonial or anti-neocolonial identity (M'Baye, 2013), corrupt regimes facing serious economic or political crisis (Obadare, 2011), and imperfect democratization that represses civil society in the interests of authoritarian leaders (Epprecht, 2013; Tamale, 2013). One avenue not yet fully explored is how the AIDS crisis opened up a new conversation on sexuality that became a rocky road of whose moral precepts count and how to weigh this in relationship to scientific research. This was most recently accentuated with the American foreign policy recommendations on prevention during the Bush administration. While Bush's leadership boldly opened up the dream of accessible antiretroviral drugs for Africa, science took a back seat to moral preferences on sex in the area of prevention and validated the religious precepts widely shared by some Africans, protestant evangelicals, but not others. In so doing, the Bush foreign policy exported an American culture war on sex and sexuality. This served to deepen the yawning gap between the position of international human rights advocates for LGBTQ rights and African states. So, this is a twice told tale of a country at war ideologically with itself at home and abroad, with an emphasis on the ways the United States "is making foreign policy a tool for shaping or dictating sexual habits in other parts of the world." (Oyewole, 2009:98)

This manuscript maintains that the current 'Kill the Gays' type legislation and other similar legal efforts to increase the penalties for being gay is embedded in AIDS policy making and programming in Africa. The passing of anti-gay legislation in Africa is a part of an interaction between African countries and the United States with two sets of contradictory, value based political positions on sexuality, which began in the design and implementation of AIDS programming and has proceeded to a human rights conflict on sexuality. The North-South politics of being gay in Africa is part of a right-left politics of being gay in the United States. The American culture war, which had been part of American politics for several decades, became significant to Africa when the United States choose to more aggressively address the global AIDS crisis.

[*Previous Paper Title: "The Perfect Human Rights Storm: Globalization and Africa's Anti-Gay Politics"]

I. The Western Revolution in GLBTQ rights, Africa, and Globalization

Empowered social movements and progressive states that established gay rights in Europe, the Americas, and parts of Asia in the late twentieth and early twenty-first century set the gold standard for gay and politically progressive groups around the world. That such groups should be protected and that the rights of GLBTQ populations strengthened has become a new marker of what it means to be a democracy. As leading states established political rights for gays and lesbians and new gay rights organizations were established in many countries, their efforts were almost immediately internationalized. This did not have a revolutionizing impact on Africa or some other regions of the world, like the Middle East, which were governed by authoritarian states or struggling democracies, had small middle classes, and societies whose religious precepts made issues of sexuality highly private and contained within the context of established family life. Despite the lack of liberalization, Africa was integrated into a web of global discussion and politics concerning the need to establish civil liberties for LGBTQ communities.

One of the first international activist organizations, the International Lesbian and Gay Association, was founded in 1978 by a number of gay rights activists in Europe, the United States, and Australia. (ILGA, 2007) Europe was an important focus of its advocacy, and perhaps the most successful. The European Parliament and the European Court of Human Rights were key players. Northern European states were able to push beyond the decriminalization of same-sex activity to create new rights for their LGBTQ populations and to legalize same-sex civil unions in the late eighties and early nineties. Some European countries were the first to legalize same-sex marriage. Kelly Kollman finds that the kind of transnational, organizational networks that characterize post-WWII Europe were key. (Kollman, 2007:353; 2013, 14) However, Kollman also argues that for the idea of gay rights spread across Europe the legitimacy of basic human rights norms and a history of tolerance were necessary. Others have found that in Europe that kind of tolerance can include a challenge to the idea of marriage itself. (Baggett, 2010) Countries in Europe and North America that placed the granting of rights to gay populations in a religious context rather than a human rights frame had a higher wall to climb. Italy only recently legalized civil-unions, while making a point on denying gay parents the right of adoption.

Global efforts, in contrast to European regional organizations, have been more modest and have faced a greater challenge. One of the earliest international actions was taken in 1991 when the WHO declassified homosexuality as an illness. In 1994 when the United Nations Human Rights Committee (UNHRC) determined that the right to privacy was violated when countries discriminated against individuals based on their sexual orientation. Then in 2006 the Yogyakarta Principles, which integrated sexual orientation and gender identity into a widely accepted understanding of universal human rights, were presented at an academic conference on law and human rights. Fifty-one countries have signed Yogyakarta. Like the UN Human Rights Committee's action, these principles have since been cited by many international agencies, in legal briefs, and by national legislatures. (Beyer and Baral, 2011:5) In 2006 the UN Economic and Social Council (ECOSOC) extended consultative status to the ILGA and two European advocacy groups in Denmark and Germany. In contrast, when the UN General Assembly in 2008 put a statement supporting gay rights up for a vote, it was defeated. African and Middle East states strongly opposed it, and the United States opposed it on technical grounds. (Anderson, 2011:1600) The effort to keep LGBTQ rights on the global human rights agenda continues with the speeches and actions of the Director General, and an informal caucus of states which takes action within the UNHRC.

These are all important global accomplishments in respect to international efforts to protect the rights of gays and lesbians, but they have not resulted in the kind of legal changes that European regional organizations have been able to foster. The United States was not an international human rights leader in the area of sexuality. In the 1990s the popular, political arguments made in favor of gay rights were couched in terms that remained respectful of moderate conservative perspectives. (Sullivan, 1995) While the AIDS crisis in the United States is what propelled a more radical and liberal message forward, that gay rights became internationalized was only somewhat important to the legal and legislative efforts taking place. By 2003, anti-sodomy laws were ruled unconstitutional by the Supreme Court. Reflecting the culture war that continued to characterize the politics of gay rights in the United States, despite this ruling, thirteen states kept their own laws on the books. This includes Alabama, Florida, Idaho, Kansas, Louisiana, Michigan, Mississippi, North Carolina, Oklahoma, South Carolina, Texas, Utah, and Virginia. Conservative state legislators refused to repeal the laws, and they are occasionally implemented by police, though prosecutors will not pursue charges because the laws are unconstitutional. A similar dialectic has taken place in the United States since gay marriage was legalized in 2015 with state and local authorities in some parts of the country attempting to challenge the new law and a growing state legislative concern about protecting the religious rights of those who are anti-gay marriage. (Stolberg, 2015) Most other civil liberties, in the areas of housing and employment, remain unprotected.

In many other parts of the world with very different social and political orders, states embraced greater social conservatism on the subject of sexuality and new efforts were made to restrict LGBTQ freedom. Most prominently, Russia's reversal of the politics of it post-soviet decriminalized of same-sex activity is indicative of this kind of international backlash. Russia passed an anti-gay propaganda law in 2013, which outlaws the discussion of anything gay in front of children. It is a form of indirect control and a way to legitimate social harassment and political "demonization" of gay people. (Wilkinson, 2013: 5) Russia defends its new law by saying it is a way of harmonizing human rights norms with traditional culture. Putin, who often equates pedophilia with being gay, has spoken widely about the degeneration of Europe. He finds the west to be in moral crisis, because it trivializes and rejects its Christian heritage with its protection of gay rights. Globally, Russia is in good company. There are seventy-eight countries with anti-homosexuality laws. (Stewart, 2013) Thus about forty percent of all countries world-wide actively discriminate, imprison, or in rare cases, execute their gay populations. Most of these countries are in Africa and the Middle East; there are thirty-four in Africa and thirteen in the Middle East. There are also almost a dozen small countries and islands in the Americas with such laws, but all major countries in the Americas now decriminalize same-sex activity. Eleven countries in South and Central Asia, and except for India, either largely Muslim or post-Soviet states, continue to criminalize gay life. Mauritania, Sudan, Iran, Saudi Arabia, Yemen have a law that makes being gay a capital offense, like first degree murder or treason in the US. In Iraq, Nigeria, and Somalia, there is no central state law, but Sharia courts decree it, and militias implement it.

A number of African states have recently become more legislatively active in regards to sexuality. Robert Mugabe, Zimbabwe's President, used homosexuality to mobilize his constituency in the 1998 elections, "famously describing homosexuals as 'worse than pigs and dogs.'" (Anderson, 2011:1594) Uganda's notorious 'Kill the Gays' bill, which would make being gay a capital offense, is perhaps the most infamous example in Africa of anti-gay legislation. In August, 2014, the Ugandan law was nullified by the Ugandan Supreme Court, because there was no quorum when it was passed by Parliament in December. A weaker version which Yoweri Museveni signed it into law on February, 2014, made being gay illegal and compelled citizens to report homosexual acts to the police. Now if convicted of being in a life partnership, you face life

imprisonment. Norway, Denmark, the Netherlands, and Sweden have cut aid as a consequence and the US has limited aid in particular policy areas. Before attending the US-Africa summit in 2015, Museveni said that the law represented Uganda's independence in the face of 'pressure and provocation.' At least a dozen African countries have either introduced new legislation or have provided for stricter modes of enforcement of earlier laws. Besides Uganda, Burundi in 2009, Malawi in 2010, Nigeria in 2011 and Liberia in 2012 all passed anti-gay legislation. Other countries like Ghana and Cameroon are working on it. Some analysts find that the situation for LGBTQ populations in Nigeria, Senegal, and Malawi, as well as Uganda, to be especially daunting. (Epprecht, 2013:14) With considerable defiance, many leaders in Africa assert with authority that there are no gays in Africa, and that those who claim the identity are part of a corrupted, westernized group, whose humanity need not be respected. While it may be that this is a failure of leadership in Africa, most public opinion polls show that upwards of 90% of Africans "disapprove of homosexuality." (Epprecht, 2013:28) In March 2016, Afrobarometer found a somewhat better situation. In 33 countries, 78% of those surveyed said they would not like to have a homosexual neighbor. Cape Verde, Mozambique, South Africa, and Namibia were the exception to this, and in relationship to diversity as a whole, Christians, those living in urban areas, and the young were more tolerant. (Dulani, 2016)

In a general respect the protection of human rights in Africa is in its early stages. (White and Perelman, 2010) Except for South Africa, human rights in Africa are unevenly protected, though there is increasing expectations for those countries with newly growing economies and strengthening democracies. (Radelet, 2010) The importance of the middle class to the African state is not well established, and the economic conditions which support its' growth are not yet dynamic. While the GDP growth rates of African economies have exceeded that of many other countries globally, the degree of industrialization and structural economic change is still modest. (Arbahe and Page, 2009; McMillan, et al., 2014) It was a growing middle class, and the social and political activism that it brings to urban areas, that has been key in Latin America. Despite the importance of the Catholicism in Latin America, many states have recently adopted gay rights legislation and same-sex marriage. (Corrales and Pecheny, 2010) Human rights in areas other than that pertaining to sexuality are also very challenged, even in countries where there is no internal war and which are considered new democracies. Elections which are deemed to be unfree because opposition groups are highly restricted are common. For example, prior to the 2015 election in Burundi, the government used force to restrict the ability of opposition groups or civil society activists to challenge the right of the president to run for another term. Dozens of people were killed and many more injured, and this situation is an on-going crisis. Kenya's president, Uhuru Kenyatta has been investigated by the International Criminal Court for crimes against humanity because of post-election riots in 2007, and may still be prosecuted. And the election in Uganda in 2016 is thought to be highly compromised because the opposition candidates were arrested and voting access constrained. Recent Ugandan political corruption has been widely chronicled. (Epstein, 2014). As was the case in Latin America a generation ago, opponents of elected regimes in Africa, can come under sharp scrutiny by states hoping to contain the political movements, which are pushing for greater civil and political liberties. Managing access to democratic rights for constituencies that challenge the state, including gays and lesbians, is a continental-wide problem.

II. The AIDS Crisis in Africa and Global Neglect

The African AIDS crisis arrived on the continent at the same time that it showed up in the United States. The similarity was that both focused political leaders, policy makers, health care professionals, religious leadership, and civil society on issues of sexuality in an

unprecedented respect. Denis Altman, has argued that the western understanding of gay identity is being diffused across the world, despite local cultural traditions pertaining to sexual minorities. There are many different carriers of this new identity, but Altman finds that one important one is the AIDS crisis. Large numbers of western medical and social science researchers traverse the world, studying sexual behavior in order to understand how to stop HIV, and in “so doing have changed the ways in which the participants themselves understand what they are doing.” (Altman, 1997:425) While the cases Altman presents are in Asia, this statement might easily characterize Africa as well, though the debates about ‘what one is doing’ concern heterosexual as well as gay sexuality. There is an AIDS piece to the human rights issues surrounding gay identity in Africa, because American foreign policy prescribed moral standards for as well as researching many aspects of sexuality in Africa.

International actors intervening on issues of sexuality is not new for African societies and governments. There were colonial campaigns concerning clitererctomy and abortion that were resisted by local authorities and populations, and that boomeranged in regards to their impact in countries like Kenya. (Rosberg and Nottingham, 1966; Thomas, 1998) The indirect impact of colonial land alienation, which disrupted the moral as well as the economic order, also resulted in the promulgation of new rules “about marriage and sex to establish tests of virtuous conduct.” (Peterson, 2001) And there were fears among African societies that had suffered much land alienation that the colonial administrators, settlers and missionaries who opposed the circumcision of girls did so “only so that they might marry them and obtain control of the land of the Kikuyu.” (Rosberg and Nottingham, 1966:121) At the same time that African sexuality was criticized by East African colonial authorities and missionaries, it was also exoticized in Europe. The most famous example of the latter was the display in London and Paris of Saartijie (Sarah) Baartmann, who was Khoi Khoi and probably a slave, as the Hottentot Venus. After she died in 1815 her body parts were a part of museum exhibitions for more than a century and a half. (Lewis, 2011:202)

The discovery of AIDS in Africa was initially reminiscent of the way the west had exoticized African sexuality. Researchers in Europe and the United States saw the HIV virus in their patients at approximately the same time. The difference was that in the United States the patients were gay men, and in Europe they were African and heterosexual. (Gallo and Montagnier, 1988; Quinn, et al, 1989) African governments were initially extremely wary of this research. (Bazell, 1987; Fortin, 1987; Watney, 1989) First identified in Central Africa in Kinshasa, Mobutu outlawed the mention of the disease after an early newspaper article chronicled the increasing anxiety about the mystery illness on the part of local populations. (Iliffe, 2006:12). Part of the wariness about the extent of the crisis was the way in which research results were reported in the western press. To explain the rapid rise of AIDS in Africa, western journalists maintained “that HIV had originated from African monkeys.” This was “regarded as a particularly insulting form of racism by nationalist politicians and many African physicians.” (Iliffe, 2006:66). The social science research done on sexual behavior in the Congo in the early years of the crisis also reflected the lack of knowledge and chauvinist attitudes of the researchers. The sexual culture was presented as static and exotic, with no attention given to the norms of the society or the north-south differences in the political economy of sex. (Caldwell et. al, 1989) Packard and Epstein maintain that western researchers came up with early theories for tuberculosis and syphilis as well as AIDS that “were inevitably influenced by cultural assumptions about Africa and...tended to focus on the peculiarities of African behavior.” (Packard and Epstein, 1991:771) The 1986 AIDS conference was boycotted by representatives of African states, angry and frustrated with western portrayals of Africa, though at the same time, the WHO was assisting in setting up national committees on HIV in the hardest hit region of East Africa.

Thus, the most extensive international intrusion on the subject of sex in Africa began in heated exchanges and conflict between African states, international organizations, and western researchers on the subject of sexuality. In this context, what became not controversial was that the spread of HIV was entirely heterosexual. Homosexuality was said “to be rare and taboo.” (Pela and Platt, 1989:4) With so many researchers commenting on and analyzing sexual practices in Africa, sometimes in a highly judgmental way, African states were able to define the AIDS crisis as entirely heterosexual, or in other words entirely not-gay, with no international push-back. Because the infection rate of women was so high, heterosexual sex was assumed to be the only route of HIV transmission. Much ink was spent explaining how, despite the fact that there was predominant or significant gay component in most AIDS crises, in Africa, there was not. Independent and WHO coordinated research focused on high risk groups like prostitutes and the wives/partners of truckers. Some research suggested that given the social expectation of African men, there were often multiple intimate relationships, simultaneous, rather than sequential. Very different cultural mores and the African culture of privacy around sexual life and choice meant that it was only decades later that men-who-have-sex-with men (MSM) was raised by the World Bank as an important area of research and care. Similarly, it was not until the last decade that the issue of women’s lack of choice in respect to sex has been identified as a facilitator of the spread of HIV.

The fact that the spread of the disease in Africa and the practices that were or were not associated with it was controversial not entirely unique to the AIDS crisis in Africa. American gay communities went through a similarly difficult period of public scrutiny and critique in respect to unique aspects of how sexual intimacy was pursued. The sexual practices of gay communities in the United States were placed under a social scientific and public policy microscope in the American AIDS crisis. The suffering and the human toll of the crisis eventually opened up a national discussion about the value of gay lives and whether an alternative sexuality deserved to be judged so harshly. Gay politics and culture were not initially at the center of civil rights or the sexual revolution in the sixties and seventies, but with AIDS, it moved front and center. While several decades later, there are huge gaps in the inclusion of gay people into the kinds of civil liberties enjoyed by many other parts of the society, there is no question that that the AIDS crisis helped moved forward many accomplishments in the area of gay rights in the United States. That this is not happening for women or gays in Africa is a more complicated question. One important part of the difference is that the United States did not confront the culture clash of African scientists coming to the US to recommend important sexual behavior change.

While medical researchers well understood how serious the crisis was in the 1980s, global leadership did not really persist beyond an initial WHO effort. This early neglect in respect to the United States has been interpreted as both racist and realist. (Fidler, 2003) It was not until the push from the developing world on access to antiretroviral drugs that the United States made AIDS a centerpiece of its foreign policy. This opened up new avenues for a debate on sexuality, at the same time that the United States took the lead in providing massive new funding. But at its start, the AIDS crisis in Africa began in the midst of a very serious, continental wide economic crisis. As African states confronted falling commodity prices amid the international consensus on the need for better macro-economic decision- making, HIV spread. African governments were being encouraged by the United States, the IMF and the World Bank to cut education and health budgets in order to make their economies more globally competitive at the same time that international researchers and the WHO were asking them to acknowledge the prospect of millions of people dying from a new, not totally understood disease. For two decades the AIDS crisis in Africa foundered on the shoals of an unwelcoming global economy and a confused international

response, which was minimally resourced. There was no focused American foreign policy leadership, and just the beginnings of an international effort led by the World Health Organization.

Thus, in the 1980s the Reagan administration neglected the new crisis, seeing the life choices of homosexuals as the root of the problem and different life choices as the most important remedy. (Shilts, 2007) Many believed in the United States and abroad that casual contact with those infected was dangerous. When Reagan moved to make amends towards the end of his administration, attempting to counter the widespread fear about AIDS with informed, scientifically based knowledge, some of his policies at home continued to reflect his earlier stance. Internationally, the US continued to discriminate against HIV positive people. In contrast to this, from 1986 to 1990 the WHO's Global Program on AIDS under the leadership of Jonathan Mann made real progress in establishing the global significance of AIDS and finding a consensus on which to do early programming. WHO began annual AIDS conferences, supported research in countries with high HIV infection rates, and advocated with many international organizations for financial assistance. Because Africa was at the center of the crisis, much of this work took place there. Governments were urged privately to consider advocating for the use of condoms, despite the pushback from many African states. Mann had been a founding researcher with Project SIDA, the earliest AIDS medical research project which had been in Kinshasa, and he was a dynamic spokesperson. But his efforts collapsed in the midst of a tragic bureaucratic battle within the WHO. (Seckinelgin: 24-26) Part of the problem was the fact that the GPA was the largest single program within the WHO, and Mann's leadership had garnered widespread global attention. (Hanrieder, 2014:223) The fact that African states remained unenthusiastic about the work of international actors on AIDS meant that "the GPA faced harsh regional opposition." To avoid this, a new WHO director-general, reintegrated the GPA with the WHO's normal bureaucratic practice, which "reinforced regional control." (Hanrieder, 2014:230,231) The program was also radically downsized, and Mann finally resigned. This was in the face of an increasingly difficult global AIDS environment.

With the advent of the Clinton administration, while not moving fast enough for many in the gay communities most directly affected by HIV, domestic policy making was based on scientific knowledge about the disease, moving past the moral exhortations of the Reagan administration. Clinton reversed the value foundation of previous AIDS policy, which was more attentive to the seriousness of the health crisis. His administration advocated for those populations suffering from HIV rather than marginalizing them. The government moved more aggressively than in previous years in supporting both care and research in the United States, but it did not exercise global leadership. There were no new official policies during the 1990s which addressed the continuing crisis in Africa; nonetheless, USAID provided primary assistance for "the mass distribution of condoms" on the continent. Between 1990 and 1998, the condoms provided through this channel rose from 18 million to 236 million. (Iliffe, 2006:70) Ironically, as some part of Africa were actively developing strategies of prevention, the huge research breakthrough of a new 'cocktail of drugs' reversed the progress of the virus so fundamentally in the industrialized west, that AIDS was no longer a death warrant. This allowed the United States and Europe to adopt antiretroviral drug treatments and de-emphasize the focus on behavior change. The developing world almost immediately took notice of this inequity, and a new era in global discussion and politics began as American foreign policy soon led the way.

III. Bush Foreign Policy on AIDS and the Export of the American Culture War

In his 2003 state of union address George Bush forever changed the character of foreign policy in Africa with his plan to massively increase funding for AIDS therapy, care, and prevention. He authorized the infusion of \$15 billion over a five year span to increase the accessibility of antiretroviral therapy and to invigorate AIDS care and prevention globally. This was a bold foreign policy move. With the new President's Emergency Plan for AIDS Relief (PEPFAR), the United States became a newly empowered arbiter of how African countries would manage their AIDS crises, because Africa was still at the center of the global spread of AIDS. By 2001, AIDS had been a part of the lives of Africans for twenty years. Despite extensive new research and many changes in public health programs and their delivery, 21.5 million people in Africa had now died of AIDS. AIDS had surpassed malaria as the primary cause of death on the continent. (Copson, 2003: i) AIDS was reorganizing African societies around an experience of suffering that exceeded that of the extreme poverty characterizing many part of the continent.

By the late nineties, there was beginning to be an international AIDS fatigue in regards to fighting the good fight in Africa; other crises on the continent overshadowed the extent of death and the continuing spread of the HIV virus. The redefinition of the AIDS crisis in the United States with the widespread adoption of retroviral drugs in 1996 was followed by the emergence of an international call for a similar opportunity for less developed countries. In 2000 several pharmaceutical companies in collaboration with UNAIDS lowered the price of drugs. (Copson, 2003:10) In theory they were more accessible, but for the least developed countries whose average GDP and whose health infrastructures were extremely modest, they were not. In 2001 a large group of Harvard University researchers determined that only 40, 000 people in Africa were receiving antiretroviral drugs, though they thought the infection rate for continent was about 25 million. (Garret, 2007:18) Not surprisingly, the 2002 International AIDS Conference was defined by the widespread interest on the part of delegates in how anti-retroviral therapy might be globalized with a shift in focus away from strategies of prevention. (Feldblum, 2003) The Global Fund to Fight AIDS, Tuberculosis, and Malaria was founded in January 2002 to try to raise new funds for AIDS care and treatment. The UNAIDS budget was not in the organizational ballpark of offering retroviral therapies to African countries with a budget of only \$60 million and a staff of 130 in 2000. The UN Secretary General at the time, Kofi Annan, began to advocate for the creation of \$7 to \$10 billion for the new Global Fund on AIDS. (Boone and Batsell, 2001:25) At the time George W. Bush announced his new policy, there was a very high level of international awareness of the need to find the financial resources to provide antiretroviral drugs to the developing world. PEPFAR would become part of the global growth in international health assistance, which had increased from \$ 5.6 billion to \$21.8 billion between 1996 and 2006. (Feldbaum, 2010:2)

The resource leadership on the part of the Bush administration at this point in the history of global aids is undeniably the kind of humanitarianism the United States hopes to model for the world. President Bush saw PEPFAR as equivalent to the Marshall Plan or the Peace Corps. (Dietrich, 2007) At the same time, it was driven by a new presidential turn to a religiously based development assistance policy, which would fundamentally redefine other aspects of AIDS prevention and care, narrowing the range of its social focus. Within a week of his inauguration in 2001, by executive order Bush created the White House Office of Faith-Based and Community Initiatives. At the same time, the former vice president of World Vision was hired to be the new director of the USAID, and the administration's support for faith based NGOs was internationalized with another executive order establishing a faith-based center in USAID. This meant that Samaritan's Purse, World Vision, and Operation Blessing, which made little attempt to differentiate a Christian mission from relief or aid activities, became active agents of American

development assistance. Some theologians, who study the developing world, find these organizations to be “tremendously influential” in Africa. (Offott, 2015:157) These early moves on the part of the Bush administration were invitational to such organizations in a way which was entirely new. These organizational innovations ran parallel to the active lobbying which faith-based NGOs had begun on the need to more forcefully address the AIDS crisis in Africa. In early 2002, hundreds of evangelical leaders – Protestant and Catholic, global and national – came to Washington, D.C. for a conference which included “heartbreaking testimony from African ministers and health workers.” (Burkhalter, 2004:10) They lobbied the Bush administration with intensity to recognize the crisis in human terms and built on the international momentum to make retroviral drugs more widely available.

American evangelical Christians in setting this new agenda on AIDS in Africa were also the ones to propose an entirely new moral foundation for how US supported AIDS prevention and care. So while in-field research and medical views did not support it, they successfully argued that abstinence “might offer nearly total AIDS protection.” (Burkhalter, 2004:12) While the policies of prevention were cheaper and given less international attention than the well-funded antiretroviral program, American conservative politicians, activists, and policy analysts recalibrated the direction of American foreign policy in this area. This was a part of other changes in the Bush administration approach to sexuality and gender. The Gag Rule, which blocked all assistance to pro-choice organizations, introduced by the Reagan administration and reversed by the Clinton administration, was back with the new Bush presidency. As is the case in the United States for anti-abortion groups, any kind of birth control became suspect, including condoms. (Luker, 1984) AIDS prevention was made part of a larger social policy context. Condoms, to be sure, were never popular in Africa, and were a difficult sell at the beginning of the AIDS crisis. WHO technical and policy personnel in the early 1990s either avoided the subject entirely or explained how uncomfortable African governments were with the issue. (WHO, 1991) However, by the 1990s under the Clinton administration, as mentioned above, USAID and other international donors became a stealth conduit for the provision of condoms to African countries.

The challenging political dynamics of this were well represented in Uganda in 1986, where Yoweri Museveni, fresh from the guerrilla war that redefined Ugandan politics, began to partner with international actors, including the United States, to get out a safe sex message to all Ugandans. By the late 1980s, AIDS had moved into rural areas in Uganda; there were some southern counties in which up to a quarter of the population had died of AIDS. (Haq, 1988:89) By 1987 HIV education was a part of school curriculum. (Iliffe, 2006:71) Museveni had widespread popular support, and he personally energized the Ugandan AIDS campaign, which included the use of condoms. (Boone and Batsell, 2001:12 Youde, 2007) The use of condoms was indicative of Museveni’s government had a pragmatic approach to AIDS. The government was fully aware that because “Christian churches play a large role in the lives of many Ugandans” condoms could not be the primary mechanism of prevention and that “church leaders would refuse to participate in anti-AIDS programming that promoted condoms.” (Youde, 2007:8) Sex was a private matter in much of Africa, and “the open discussion of sex, sickness, and death advocated by the WHO and its disciples was profoundly distasteful to honourable Africans.” (Iliffe, 2006:87) Condoms were avoided initially and “cautiously reintroduced in later years.” (Iliffe, 2006:71) The Ugandan program was based on abstinence, being faithful in marriage, and condoms as a last alternative, or as it was labeled, the ABC approach.

The infection rate in Uganda in urban areas among pregnant women fell from a high of 29.5% in 1992 to 5% in 2001, according to UNAIDS. (Copson, 2003) Other regions did not fare as well. In Southern Africa life expectancy was 59 years for men, 64 for women in the early

nineties, by 2005 because of AIDS, it had fallen to 49 years for men and 51 years for women. (USAID, 2013). Because of the success with ABC, the design of the new American approach to AIDS in Africa, took a page out of the Ugandan policy book. The PEPFAR prevention program titled its effort as ABC, but the pragmatism of the Uganda program was dropped. Abstinence could be recommended without a discussion of condoms, but condoms could not be recommended without a discussion of abstinence. (Dietrich, 2007) Some policy makers claimed that studies established abstinence not condoms as the primary reason that such massive drops in the HIV infection rates took place. As PEPFAR went forward, the “C” was essentially dropped from the ABC and the use of condoms was explicitly discouraged. Franklin Graham’s NGO was given \$100 million to teach abstinence. (Frontline, 2006) In Uganda, by 2005, “billboards promoting condom use disappeared from the streets of Kampala, replaced by billboards promoting virginity.” (Blumenthal, 2014) The entire prevention and care program was now defined and carried by organizations and individuals whose experience with evangelical Christianity were seen as co-equal with the pedigrees of medical professionals. The prohibitions in PEPFAR on extramarital sex were extended as well to “commercial and non-heterosexual sex.” Rao, 2015:46) The United States asked all countries and organizations which received PEPFAR funds to take a formal stance in opposition to sex work. In theory, a country or agency can use money to do AIDS work within the community, but in fact, the program “inevitably discriminates against sex workers.” (Barney, 2010:12) In Africa, especially East Africa, sex workers at truck stops were a major focus of AIDS education and prevention, because the HIV virus was spread along truck routes from the earliest years of the crisis. Brazil refused to take PEPFAR money because of these “strings” that were attached. The Director of AIDS programs in Brazil, when interviewed, explained, “Today it is prostitutes, tomorrow it is homosexuals.” (Frontline, 2006) And of course, there were no efforts to reach out to men-who-had-sex-with-men (MSM), but since this had been absent from AIDS programming for many decades in most of Africa, it was only striking because new research began to indicate how wrong this had been.

Stephen Lewis, UN special envoy for HIV/AIDS in Africa thought that the Christian fundamentalist influence on the ABC program will result “in great damage and undoubtedly will cause significant numbers of infections which should never have occurred.” (Blumenthal, 2009) A study of Soweto in 2008 found that MSM had an infection rate of 50%. (Lane, et al., 2011) Also in 2008 a study of bisexual concurrency in Malawi, Namibia, and Botswana found that rates of infection of these groups were twice as high as the national average. (Beyrer, et al., 2010) MSM as a group has been understudied because individuals often risk arrest and because health care officials do as well. The World Bank initiated research on same sex relationships in Africa during PEPFAR determined that international policy on AIDS was overlooking “how the basic human rights of sexual minorities are eroded and individuals at large can abuse MSM and WSW with impunity.” (Anyamele, et al, 2005:7) The difficulties of such research included being “blocked by institutional review boards or actively interrupted.” (Semugoma, 2012:313) The fact of the violence while very worrying, was no less important than the suppression of research and knowledge about a marginalized population that was probably more important to the African AIDS crisis than previously understood. The Bank researchers made the case “that there is a significant ‘bridge’ of HIV transmission between MSM and the general population.” (Anyamele, et al., 2005:12) Other researchers have as well found evidence of greater heterosexual and homosexual anal sex as a factor in the spread of AIDS than previously thought. (Brody and Potterat, 2003) Both discussions challenge those addressing AIDS to avoid thinking of sexuality in binary terms.

Thus PEPFAR programming avoided taking on the needs of socially marginalized groups in Africa society and rooted its efforts instead in the Pentecostal Christian communities that were so prevalent in many part of Africa. The call to abstinence, with the idea personal responsibility

for one's actions, has been an important part of the American evangelical community's approach to AIDS. This along with support for the research that seemed to determine that abstinence had been the most fundamental part of the successful reduction in HIV rates of infection in Uganda, made abstinence and faithfulness a cornerstone of PEPFAR's approach to prevention. This was especially resonant with the national leadership of Africa's evangelical churches, but the experience of individual congregations has probably been more diverse. Some analysts find that the state in Africa "use evangelical Christianity for political purposes." (Gifford, 2008:228). The increased political competition in democratizing countries has led political leadership into a kind of populism that exploits religious hot button issues like LGBT issues. (Grossman, 2015) While in a more ordinary religious respect, average Africans do not experience their own religious commitments outside of a "long- standing struggle with adversity, assault, and domination." (Becker and Geissler, 2007:7) You cannot, according to Becker and Geissler, for example, introduce new knowledge and advocate for condoms or work to blunt the role of American evangelical influence as a way to privilege better knowledge without working with the contours of 'longstanding notions and practices' that are part of local culture. One of the most important of those cultural practices is seeing sexuality and personhood "defined not by the qualities of interiority and autonomy but instead by experiences of social interdependence and obligation to others." (Boyd, 2015:6) In Ugandan evangelical churches the "moral narrative" of the accountable individual was not as compelling as "self-restraint, modesty, and proper decorum" that "reflected a concern for the external maintenance of moral community." (Boyd, 2015:91) Some Pentecostal congregations in Tanzania focused their attention and any monies they received from PEPFAR on building "a morally and spiritually integrated community of believers" in order to avoid "a mostly evil and harmful world." In the age of AIDS this took on much greater importance than whether condoms were to be recommended or not. (Dilger, 2009:104)

The Bush administration's AIDS policies exported the American culture war to Africa. Financially much more generous than other administrations, the programs of prevention were carried out in an American family values frame. This forged important government and civil society relationships that were welcomed by some religious and political leadership in Africa. When African leadership says that gay rights are an imposition from the west, they mean the 'liberal west,' which privileges urban, globalized society and takes little interest in the impact of it human rights interventions or others like structural adjustment. This debate between Africa and 'the west' is largely an elite conversation, but because it is about death as well as rights, it has entered into the center of many complex social, cultural, and economic changes. To a certain degree, when African leadership insists that Africa has no gays, they mean, 'liberal-west get out.'

IV. Obama's Foreign Policy and the Human Rights Dialectic

The success of increased antiretroviral drug availability has been startling. From 2000 to 2014, there was a 41% decline in HIV infection in Africa; steeper than the 35% decline globally. 5.4 million people who might have died did not. (WHO, 2015:6-7) Still, in 2013, seven African countries – Kenya, Mozambique, Nigeria, South Africa, Tanzania, Uganda, and Zimbabwe – as well as India accounted for 58% of global, AIDS related deaths. (Granich, et al., 2015:4) The highest rates of HIV infection globally continue to be in the developing world, with those living there having "10 to 20 times higher death rates than those living in higher income countries." (Granich, 2015:10) HIV prevalence is a fraction of 1% in most regions of the world, except for Eastern and Southern Africa, where it is more than 15%. (Bongaarts, 2009:3)

President Obama inherited PEPFAR, though because of the financial crisis of 2008, his administration was unable to offer the same level of financial support initially, and he was

criticized for this in Africa and the US. But by 2012, US assistance supported 5.1 million people on antiretroviral drugs, a massive increase from the 1.7 million in 2008. (State Department, 2012:2) Also by 2012 the United States was providing 50% of all bi-lateral government funding for AIDS. (Kendall, 2012:1) Obama's development assistance devoted to health was dominated by the continued support for global AIDS programs. (Feldbaum, 2010:3) At the same time, the Obama administration has been a central player in a more energized multilateral campaign. The United States had sustained an important level of contribution to the Global Fund. United States hosted the fourth replenishment of the Global Fund for this purpose in December 2013 at which just over \$4 billion was pledged. (Global Fund, 2013) The US also supports a new multilateral initiative, focused on fifty cities with high rates of HIV infection. This initiative strengthens health care infrastructure and introduce retroviral therapy to those in the developing world who are most at risk. (IAPAC, 2015.) Out of fifty Fast-Track cities, thirty are in Africa.

While following in the footsteps of Bush on making antiretroviral drugs more accessible to Africa and other parts of the developing world, the Obama administration has in contrast to the Bush administration explicitly endorsed the necessity of condoms, along with increased male circumcision, HIV testing, and "other evidence-based, appropriately-targeted prevention interventions" as part of focus of the American prevention and treatment campaign. Specifically, the United States "will not support interventions that fail to target the epidemic." (State Department, 2012:5, 6) Obama rescinded the Mexico City Policy (Gag Rule), and allowed funding of family planning services, which included the use of condoms. Soon after Obama took office, Susan F. Wood, the co-chair on the administration's advisory committee on women's health, announced that "we have been going in the wrong direction." She emphasized that the emphasis on abstinence over condom use damaged the prevention of sexually transmitted diseases as well as family planning. (Gale and Lauerman, 2008) High-risk behaviors might include having sex with prostitutes, men having sex with men, and having multiple, if concurrent partners. At the end of the Bush years, these high risk behaviors were made worse by the fact that male circumcision was limited, the use of condoms low, and the presence of STI's high. (Bongaarts, 2009:3) Groups excluded from attention in the Bush years were specifically included as necessary to effective prevention and treatment with the new administration. This meant "ending stigma and discrimination against key populations (e.g. men who have sex with men (MSM), sex workers (SW), and people who inject drugs (PWID))." It also offers an explicit focus on violence and discrimination against women, "which continue to put women and girls at higher risk of HIV infection." (State Department, 2012:14-15). Some analysts consider the focus of the Bush programs on "the selective treatment reserved for sex workers under PEPFAR..... particularly punitive." (Cooper, 2015:69) The extensiveness of these violations incurs a high cost in terms of both human rights and the progress of HIV infection in societies which marginalize this group. (Decker, et al., 2015) The multilateral Fast-Track Cities Initiative also embraces as one of the Obama administration's core principals, "building an enabling environment where discrimination and stigma do not prevent people from accessing health services." (IAPAC, 2015) The more expansive understanding of which groups in society need support is broadly held globally.

A part of this new direction was the Obama administration's reversal of the Bush administration's silence or complicity in the rise of anti-gay politics in Africa and elsewhere. Human rights campaigns are always on the edge of the socially acceptable, and that is certainly how many Africans see the work of western human rights groups in respect to their gay populations. For western liberals the debate on gay rights is embedded in political, democratic, rights framework which insures the equal treatment of all groups in society. Human rights groups began to address the new legislations in Africa. At the UN, the United States became a leader in advocating for gay rights. The US reversed its opposition to the UN effort to protect gay rights,

and at the General Assembly in 2011 Obama address delegates by saying, “We must stand up for the rights of gay and lesbians everywhere.” (Bruni, 2015) In his travels to Africa in 2015, Obama urged Kenyans to understand that who you loved was not a crime. The United States was now actively part of a larger policy of joining with Europe and Latin America in a push for the internationalization of gay human rights. USAID has partnered with Swedish International Development Cooperation Agency and other bi-lateral programs to advance gay rights into development strategy. USAID now has a senior LGBT Coordinator who works to collaborate with other programs. And, as mentioned above, the United States along with other European partners cut aid to Uganda in response to the passing of a new law on the criminalization of gay life. There is no question that the Obama administration understands the synergies between the spread of HIV and the marginalization of those groups with the highest rates of infection. As the anti-gay climate has increasingly deteriorated, because of fear of identification and arrest, this group is avoiding testing and care. In a study of Namibia, Botswana, and Malawi, MSM “reported avoiding health care and HIV testing due to fear of abuses or actual past experiences in mistreatment in health care facilities.” (Beyrer, 2014)

The unwelcome environment to human rights advocacy for gay people in Africa is reflected in the passing of new laws, and includes other issues of sexuality as well. The cultural war link between condoms and gay rights and other areas like birth control was made in Uganda by those most active in advocating for the new law for the criminalization of gay life. For Christian evangelicals and many African churches the debate on gay rights is embedded in a social, religious value framework that concerns how sexuality is addressed in other areas of life. It is not separate from a larger discussion of family and personal responsibility. A pastor who was an aggressive advocate for the new legislation in Uganda that increased criminal penalties for gay activities, made a presentation at a press conference at his church that included graphic gay porn. These images were used “to ‘otherize’ and ‘exceptionalize’ homosexuality as an excessive, perverse and inhumane practice.” (Van Klinken 2015:1) He had led a march against gay rights in 2007 and published the names of gay rights activities on his website. That same pastor at the beginning of the PEPFAR assistance began a crusade against condoms in Uganda, by burning condoms on the campus of the University of Makerere which was in the midst of a safe sex campaign. (Blumenthal, 2014) This African discomfort with the possible expansion of political, economic, and social rights for LGBTQ communities, sex workers, women interested in birth control, those with HIV wishing to use condoms is buttressed by American Christian evangelical leaders who travel to Africa to speak and advocate, assist in the creation of local institutes for the protection of traditional family values, and whose television broadcasts are popular and widely available in some parts of Africa. The anti-gay politics of Don Schmierer of Exodus International, Scott Lively, Pat Robertson, and Tony Perkins of the Family Research Council take the language of this politics into open hate speech. Schmierer and Lively at a conference in Africa blamed gays for Nazism, and probably more powerful for Africans, the Rwandan genocide. Rick Warren, the founder and pastor of a famous, evangelical mega church in Lakewood, California, was forced to recant his support of new legislation in Uganda, because it called for capital punishment for gays. (Blumenthal, 2009) Other, less respected national Christian, evangelical leaders, like Perkins, congratulate Museveni for “leading his nation to repentance.” (Baptiste, 2014) One analyst finds the role of “U.S. religious conservatives’ ideologies and activism” to be primary in “the growing violent homophobia in Christian Africa.” (Kaoma, 2015:76) While American foreign policy has shifted its focus, the legacy of its earlier efforts continues in the role of private actors, some of whom continue to deliver US foreign assistance. (Kopsa, 2013)

V. The Third Way

Addressing the issue of gay rights in Africa is now fraught with a history of American culture war. Because of the extensiveness of the AIDS crisis, the Bush administration had an opening to define what African sexuality should be, and it took it. This has consequences for how African groups saw populations marginalized by AIDS and as well as for the spread of the virus. The Obama administration has moved forward with a very different value based policy on AIDS and on human rights in Africa that reflects the big policy picture of their efforts globally. But Africa may present a cautionary tale to both conservatives and liberals on how to address issues of sexuality in developing country or postcolonial settings.

It is possible, that in the case of AIDS, many years from now we will see an AIDS-free generation, because antiretroviral drugs have become so widely available. There are many new exciting prevention technologies like microbicides and an antiretroviral vaginal ring that will place the control of HIV spread in the hands of women, who often cannot insist on the use of condoms. This will be an important technical fix for a very complex social relationship. There is probably not some similar technical fix for gay people. The African features of the cultural war on sexuality are still somewhat shrouded, but it is clear that while there are many activist groups, there is not the large, urban middle class, that might successfully change the policies of the state. This makes international human rights work dangerous for the Africans it hopes to support, and more recently, whether such work should go forward in the light of the backlash against gays in Africa, has been openly debated.

One invitational ‘third way’ for foreign policy is to become culturally sensitive in a way that is neither conservative nor liberal, but African, in a diverse and socially thoughtful respect. . One study of an evangelicals in Uganda found that both the idea of personal responsibility, rather than attention to the values of the community, and gay rights were difficult for young people to fully grasp. Once the former was owned by the younger generation and became culturally comfortable, the impact of the latter on one congregation led people to be “deeply disillusioned by the changing cycles of international donor interest.” (Boyd, 2015:184) Another analyst of issues of sexuality and international human rights in the Middle East reminds us that the emergence of gay identity in the west followed “the onset of industrialization, urbanization, and the resulting decline of the family as an economic unit.” The larger human rights project “lies in the associated rise in individual autonomy.” (Zeiden, 2013:211) Women’s rights could be one less vexed way forward or the focused championing of the rights of political opposition groups. This is certainly one of those historical moments for liberal, human rights advocates when the way forward may not be a straight line.

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