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COVID-19, SCIENCE, AND RACE

A BLACK PENTECOSTAL ENGAGEMENT

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Abstract

A Black Pentecostal engagement of COVID-19, science, and race points towards a rapport between the Spirit-empowered Movement and health sciences where religious and secular (science) actors are respected agents in the public arena with each offering valuable perspectives and resources to pivotal conversations about public health in this case. In this article, it is argued that the Church of God in Christ (COGIC) represented in the episcopal letters of Bishop Charles E. Blake, Sr., the presiding bishop of COGIC from 2007 to 2021, demonstrate a religious perspective that possesses a critical perspective on engaging health science during the COVID-19 pandemic. Through his establishment of a COVID-19 taskforce of physicians and clergy, Bishop Blake has published episcopal statements on the pandemic that advanced public health by promoting scientifically-informed and medically sound measures that are consistent with Scripture and COGIC theology.

Introduction

The United States has entered a leadership vacuum regarding the COVID-19 pandemic. To switch metaphors, the country has entered a war zone marked by social catastrophes such as nearly 500,000 deaths by March 2021, devastation to families affected by the virus and the related economic crisis, loss of learning by urban public school students, the projected closure of 5 percent of Christian

congregations, and the disproportionate negative social impact of the pandemic on communities of color. Major sectors of U.S. society are reeling in reaction to the pandemic.

Clarity about the role of science in advancing public health has been contested. Situated within a polarized American society and church on the role of science, the debate about science's role in society is compounded by the reality that the society and churches grapple with living within an era of post-truth, alternative truths, alternative facts, and alternative realities that fuel the "infowars," or information wars. This reality hinders the U.S. government along with denominations and congregations from addressing the COVID-19 pandemic in a constructive, systematic manner. Rather than being united in the pursuit of ending the pandemic, an intellectual fight has broken out between the different camps reflecting opposing positions on the role of science in addressing the pandemic.

The debate within congregations, homes, and other institutions is framed by different views. Is COVID-19 just like the flu or a more deadly virus? Should we defend the science or fight science in advancing public health in regards to the COVID-19 pandemic? Are we to interpret the deaths associated by the pandemic as a means to "herd immunity" or avoidable deaths? Should race-related healthcare disparities exacerbated by the pandemic be ignored by the government and healthcare institutions? Or should government and public health funds be directed to reducing these disparities in regard to the pandemic specifically and improving the overall health outcome for Black and Brown Americans in general? Does a person's individual civil liberties trump public health or must public health place limits on one's civil rights? Does the U.S. constitutional religious right to assemble in-person as a congregation prevail over the government's public health responsibility to contain a pandemic by requiring the suspension of in-person religious gatherings? Are Christians to frame this debate as an issue of obeying government or serving God?

Science and COVID-19: A Spirit-empowered Engagement

While secularization appeared to truncate the religious sphere of the United States with "faith in science" replacing "faith in God" during the second half of the twentieth century, post-secularity might be a better descriptor of the religious context of the twenty-first century and of the context of a Black Pentecostal engagement of COVID-19, science, and race. On this topic, this perspective might point towards a rapport between Pentecostalism and health sciences where religious

and secular (science) actors are respected agents in the public arena with each offering valuable perspectives and resources to pivotal conversations about public health in this case.

Collaboration could occur between secular (science) institutions that recognize the civic and intellectual significance of religion in general and Spirit-empowered Christianity in particular. Spirit-empowered Christianity is deemed to possess a critical perspective on life, hold a valuable wisdom, and play a vital role in society. As the scholar Jurgen Habermas argues, societies, especially Western ones, need religion to thrive. So, Spirit-empowered organizations could unashamedly and unabashedly participate as vital institutions in the public arena. Following the thesis of sociologists Donald Miller and Tetsunao Yamamori, there is present in Pentecostalism something more than sociological factors like economics, culture, and identity. What Pentecostals call the Holy Spirit, Miller and Yamamori identify as “the S Factor.”¹

How have Black Pentecostals who engage the scientific discussion of the COVID-19 within the public arena as Christians testify to the power of the Holy Spirit? How do they speak in Christian terms and content? How do they speak on experiences and practices that are “untranslatable” to a secular audience such as the Holy Spirit and divine healing?

How do they avoid perpetuating the culture wars along the lines of the U.S. Christian Right and Left? To engage the secular arena as Christians without culture war politics, Spirit-empowered Christians can cease mirroring cultural wars of the religious versus secularist combatants and co-lead a campaign of Christians and healthcare scientists in both communities to learn together how to respect, appreciate, and celebrate the constructive role that each is able to play in society.

In Michele Dillon’s study of a post-secular Roman Catholicism, she proposes for Christianity and the secular an “appreciation of the mutual relevance.” This “mutual relevance” could offer the Spirit-empowered Movement a pathway to greater “public relevance” by producing “culturally useful resources for addressing contemporary social ills” in dialogue and collaboration with secularism. These resources could include a constructive engagement of science, especially health care sciences. With a “contrite modernity” of a secularism that is cognizant of its excesses and of a Spirit-empowered Movement aware of its problematic triumphalism, they both can be open to “mutual self-critique.” More broadly, these are joined by the inalienable rights of the U.N. Charter of Human Rights with additional commitment to healthcare justice and by Pentecostalism’s democratization of the Spirit as well as its theology of holistic healing, including the

role of medicine. These perspectives could deepen practices of holistic healing promoted by the Spirit-empowered Movement that respect the integrity of the human body, life, and the family. Together they could enrich citizenship within society and in the Christian household of faith. While difference is acknowledged, it is engagement rather than combat. Consequently, new forms of Spirit-empowered civic engagement could emerge.²

Borrowing from Dillon, we stress that Spirit-empowered Christians could introduce their vocabulary of healing and the content of the biblical healing narratives in the public arena. Rather than translating their speech and arguments “into an accessible secular vocabulary” as Jurgen Habermas advocates for all religious arguments, it might be better for the secular sphere to become bi-lingual by learning the Christian language. More than a mere intellectual exchange, a Spirit-empowerment Movement with post-secular sensibilities could express a robust vision of flourishing life that embraces healthcare justice for people of color and others limited by healthcare inequities.³

Within the Spirit-empowered study of theology and science, Frederick Ware, a Church of God in Christ clergyperson, is among a select group of Black theologians, including Barbara Holmes, for whom science is a topic of their theological exploration. According to Ware, “Pentecostals have to make a choice of alignment with dominant theological and scientific paradigms.” He adds:

The old alignment with fundamentalist attitudes seems no longer to be a viable option for a robust engagement with modern science, given the evasion and rejection spawned by this kind of alignment. Recently, Pentecostals have associated more closely with both Evangelical organizations (e.g. the BioLogos Foundation) and mainline Protestant groups (e.g. Metanexus Institute and the Center for Theology and the Natural Sciences).

Ware appears to seek a new alignment beyond the Fundamentalist, Evangelical, and Mainline Protestant options that foster a Pentecostal engagement with science that will increase “scientific literacy” among Pentecostals on one hand and “address both the intellectual problems and moral crises posed by modern science and its distortions.” Internally within the Spirit-empowered Movement, he spotlights how “the lack of scientific literacy is being exploited” by certain ministries seeking financial gain through concocting “toxic brew(s)” that they advertise as “‘healing water,’ ‘sacramental protocols,’ and ‘miracle mineral solution’” when consumed “in large doses can result in serious injury or death.” A Pentecostal engagement with

science and education in scientific literacy is needed to help more people live amidst lethal misinformation.⁴

Science and COVID-19: The COGIC Engagement

During these first decades of the twenty-first century, Spirit-empowered denominations like the Church of God in Christ (COGIC) have occupied a unique place within the American religious landscape by having among its national leadership from the 1920s physicians and scientists who were either bishops, pastors, or women officials. These leaders created a space within COGIC to pursue a constructive, albeit limited, dialogue between faith and science.

The Church of God in Christ acknowledges the role of medicine as part of God's plan of healing. While some Pentecostal traditions reject medicine on theological grounds, juxtaposing faith with belief and medicine with doubt, limiting healing to divine agency, COGIC understands the role of divine and human agency in the biblical plan of healing. Providing theological support for medicine and vaccinations, COGIC has expressed support for members being vaccinated against COVID-19.

“The general welfare of all people,” including healthcare, has been a long-term concern of COGIC. In its official theological document, the denomination states: “We believe that Christ, through his redemptive power, has enabled us and called us to help relieve human suffering created by sin, and we are to use whatever available resources in the restoration of [hu]man [beings] to physical, mental and spiritual health.” Accordingly, prescription pharmaceuticals are to be used “under medical supervision for one’s health and well-being.” While prayer is recommended as the first “treatment” for illness, medical treatment is encouraged. Under a rubric of “Medical Care,” COGIC expresses a dedication to “principles and practices in wholesome living, as a sound mind must reside in a sound body. . . .”⁵

Communiqués called “Presiding Bishop’s Statement on COVID-19” were composed and disseminated to the Church of God in Christ throughout the COVID-19 pandemic beginning in March through December 2020. In addition by May 2020, Bishop Blake convened a taskforce, the “COGIC COVID-19 Advisory Commission,” and appointed as the commission’s co-chairs two COGIC physicians who are bishops, Elton Amos and Terence Rhone. The commission was comprised of physicians, attorneys, scholars, pastors, and bishops.

In his first episcopal letter on COVID-19 dated 11 March 2020, Bishop Blake placed in conversation “considerable prayer” and consultation with “trusted

medical professionals.” He noted: “*After considerable prayer and direct consultation with trusted medical professionals from around the country, the following is our response to the growing concerns over the rapid spread of the coronavirus disease epidemic (COVID-19) that is currently impacting the world*” (italics original). He stated that “the Church of God in Christ is providing and adhering to the Centers for Disease Control (CDC) & Prevention guidelines, in addition to fervent, believing prayer.” He included a link to the CDC website in his letter so that the COGIC leadership and membership could access current information about the virus and the guidelines. He saw a need for a “joint effort” between the congregations and the CDC in order to “reduce the risk of exposure as much as possible.” While this joint effort expressed concern about individual transmission of the virus, he also acknowledged the role of risky decisions of organizations like denominations that could collectively increase transmission. He asked the “more than 10,000 congregations” of COGIC “to aggressively monitor the epidemic as it develops and take all necessary and recommended measures provided by the CDC.”⁶

Prayer opened and concluded the communique:

Lastly, let us continue to pray for the speedy recoveries of all who have been affected by COVID-19. Please also pray for the many healthcare workers who faithfully serve in numerous patient care settings as essential personnel, for our Church, the nation and the entire world.

The Church of God in Christ trusts in the miraculous healing and protective power of the Lord Jesus Christ. As He alone is our Keeper, we will continue to wholly put our trust and faith in Him.

There is a call for the church to enter into intercessory prayer on the behalf of frontline workers and prayer for “miraculous healing” and “protective power” found in Jesus Christ.⁷

In the second episcopal letter on COVID-19 dated 18 March 2020, Bishop Blake continues the conversation. He inquires in response to the pandemic, “What are the saints to do?” He proposes:

First, needless to say, we are living in perilous times, but certainly not without a divine remedy to survive, overcome and to emerge safely and victoriously. In fact, the same way God exercised His power to save Israel from every disease which struck the land of Egypt, even so did our Lord and Savior Jesus Christ demonstrate Himself to be the Son of

God in accomplishing the healing of every widespread outbreak and pandemic affecting the regions wherever He traveled. For this reason, it is my desire to share some practical guidelines for elevating our awareness while fully engaging our faith.

He emphasized that COGIC congregants and leaders should “stay fully informed, well-prepared and safely empowered.” They should “remain connected to good counsel” coming from CDC and “‘be not deceived’ nor vulnerable” to the virus through misinformation and risky behavior.⁸

Bishop Blake stated in this second episcopal letter on COVID-19 that “during this crisis, our faith in God is most responsibly exercised in trusting those voices whose entire lives and professions have been dedicated to the awesome task of ensuring our public health. . . . Strategic planning is the key to warfare. Therefore, to win, you must remain connected to good counsel.” He grounds his perspective in the sovereignty of God. For Bishop Blake, God “is in control and is He [who] is ready to come to our rescue in critical times” such as during this pandemic. He also confesses God as the healer who “has sent His Word to heal.” Bishop Blake understands healing in terms of miracles on one hand and preventive public health measures on the other, measures that relieve and mitigate against the public dimensions of the virus.⁹

In the third episcopal letter of 25 March 2020, Bishop Blake issues a call to the Church of God in Christ.

Fervent prayer is our biblical response to any and all societal challenges. For this reason, your Presiding Bishop and General Board are calling all saints to observe a day of “GLOBAL FASTING AND INTERCESSORY PRAYER.” This coming Friday, MARCH 27, 2020, we will intercede on behalf of all nations and people for Heaven’s help in mitigating this dreaded disease—and for healing the bodies, minds and spirits of a fallen and fearful humanity. Please observe fasting from midnight, Thursday, March 26th until 4:00 p.m. on Friday, March 27th—and continue in fervent prayer throughout the day. Ultimately, we trust in the great physician, Jesus Christ.

During the day of global fasting and prayer, prayers that “wise decisions will be made by international, national and state leaders” were offered up to God. There were prayers “for all that are in authority” extending from political offices to “the compassionate vanguard of those in harm’s way,” ranging from medical personnel

to teachers and police to pharmacy staff and grocery store workers. In addition, prayers were offered for “the mission-critical manufacturing supply chain.” Amidst increasing infection and death rates, prayers were said for the affected families “grappling with the illness or loss of loved ones,” requesting “divine comfort,” and for “total health and healing” for those infected by the virus as well as “other medical conditions.”¹⁰

Bishop Blake noted in his April 2020 episcopal letter on COVID-19:

The Church of God in Christ does not support or condone any actions that defy the collective wisdom and recommendations of government leaders, both federally and locally, including scientific experts. In fact, the leadership of our church has communicated directly, on multiple occasions, with pastors and church leaders, encouraging all to abide by the directives and stay-at-home guidelines set by city, state, and federal officials.

He made clear that “Church of God in Christ remains committed to prioritizing the welfare of people over the economy” as government and civic leaders debate whether to prioritize profit or people.¹¹

In the 1 May 2020 episcopal letter on COVID-19, Bishop Blake addresses what he identified as “premature re-openings” of churches. In the debate of whether to follow the government in reopening sectors of cities, towns, and states, Bishop Blake proposes caution regarding the premature re-openings until there is “tangible, persistent flattening of the curve” related to the rates of infection, hospitalizations, and deaths from the virus. He states:¹²

We do not recommend the reopening of COGIC churches at this time. Although our current circumstances are not ideal, the Church of God in Christ is resolute in our stance that the reopening of churches, prior to the number of new COVID-19 cases significantly declining, and prior to a tangible, persistent flattening of the curve could prove detrimental to our congregant populations as a whole.

In the 23 May 2020 episcopal letter he implored:¹³

We urge you, our pastors, to adhere to the recommendations of the CDC and NIAID [National Institute of Allergy and Infectious Diseases] and to refrain from prematurely opening your churches and congregating in your buildings before we have credible and

substantiated evidence that it is safe to do so. In addition, we urge you to establish a protocol to safely reopen your church to prevent any risk to the health and safety of our members and communities at large *before* you reopen your churches.

In the 29 December 2020 episcopal letter, Bishop Blake and the co-chairs of the Commission addressed the issue of COVID-19 vaccinations:

Appealing to “trusted” medical doctors, Bishop Blake expressed confidence in their “advising COGIC adherents in a safe, scientifically sound and God-guided manner” regarding “medically sound counsel.” While noting “the unprecedented acceleration of research, development, and approval (EUA) also contributes to the unease that some share regarding vaccination,” Bishops and Doctors Amos and Rhone argue that since the “vaccination is the only medical option for the prevention of COVID-19” it should be taken. They offer three reasons to be vaccinated against this coronavirus.¹⁴

First, the “coronavirus vaccines do not contain live virus.” Therefore, the vaccine itself cannot potentially infect people with the virus. Second, “the benefits outweigh the risks.” They note that by being vaccinated you receive “a 95% chance of eradicating the virus in your system before it can make you sick! The result to be expected is that you LIVE and not DIE!” Third, there is the benefit of reaching herd immunity by “at least 70–80% of the population” being vaccinated and becoming immune to the virus; thus, the pandemic will end and the virus will be eradicated.¹⁵

In different cities and towns, COGIC congregations are partnering with county health departments, hospital systems, and pharmacies to distribute the COVID-19 vaccine in underserved communities from Los Angeles (CA) and Durham (NC) to Arkansas (KS). These COGIC congregations demonstrate their support of the vaccination efforts. In Los Angeles, West Angeles Cathedral, pastored by Bishop Charles Edward Blake, Sr., is partnering with the Los Angeles County Public Health Department to provide COVID-19 vaccinations to the Crenshaw neighborhood where the congregation is located. In Durham, Nehemiah Church is partnering with Duke Health, allowing its facility to be utilized as a COVID-19 vaccination center to administer the first shot on February 11, 2021, and the second shot on March 11, 2021. According to Dr. Herbert Davis, the pastor, the congregation provides volunteers to assist as well as recruit people from

the area churches to apply for appointments to receive the vaccine in addition to the people recruited by Duke. In Arkansas (KS), St. James Church is partnering with Graves Drug, a regional pharmacy. West Angeles Cathedral, Nehemiah Church, and St. James actively recruit vulnerable populations from underserved communities of people of color in the vaccination efforts.¹⁶

Science and COVID-19: Divine Healing and Medicine

Bishop Blake and the Commission build on the COGIC history of holding in creative tension divine healing and medicine. The Church of God in Christ acknowledges the role of medicine as part of God's plan of healing. While some Pentecostal traditions reject medicine on theological grounds, juxtaposing faith with belief and medicine with doubt, limiting healing to divine agency, COGIC understands the role of divine and human agency in the biblical plan of healing. Providing theological support for medicine and vaccinations, COGIC has expressed support for members receiving the COVID-19 vaccine.

“The general welfare of all people,” including through healthcare, has been a long-term concern of COGIC. In its official theological document, the denomination states: “We believe that Christ, through his redemptive power, has enabled us and called us to help relieve human suffering. . . .”¹⁷

The relieving of human suffering is a calling of the church that is enabled by the redemptive power of Christ. Since human suffering is understood as being a product of sin and Christ's redemption frees from sin, Christians are to utilize all relevant resources in restoring people in a holistic manner, including “physical, mental and spiritual health.”¹⁸

Accordingly, prescription drugs or pharmaceuticals are to be used with “medical supervision for one's health and well-being.” While prayer is to be the first “treatment” for illness, medical treatment is encouraged.¹⁹ Under the heading of “Medical Care,” COGIC expresses a dedication to “principles and practices in wholesome living, as a sound mind must reside in a sound body. . . .”²⁰ Counseling ministries by certified professionals are encouraged to be made available to congregations in order for members to be able to receive referrals for “medical information” as well as other services.²¹

Science and COVID-19: Engaging Racial Disparities

COGIC expressed commitment to “the equal access of all [hu]mankind to the goods and service of this earth,” which conceptually could include “equal access” to healthcare services for all people regardless of income or race.²²

Government and public health funds should be directed to initiatives that will reduce the race-related healthcare disparities that have been exacerbated by the pandemic. These initiatives should provide better healthcare in treating and preventing the infections from the coronavirus for African Americans, Latinx, and First Nations (Amerindians) as well as improve the overall health outcomes of these populations.

In the “COGIC Doctors’ COVID Response” (1 May 2020) co-authored by Bishops Terence Rhone, MD, and Elton Amos, MD, they note the issues of race-related healthcare disparities in their communication to the denomination as they reviewed the recommended guidelines from the Centers for Disease Control and Prevention and the National Institute of Allergy and Infectious Diseases. They state that “the experts have admitted the health disparity that results in more deaths in people of color than whites. Centuries of social and economic inequality most likely have caused Black Americans to suffer additional consequences of this pandemic, increasing the vulnerability of our members and worshippers.” They stress that “especially distressing is that the rates of COVID19 infections and deaths remain disproportionately high among African Americans.” They relate this phenomenon to “the U.S. government’s history of experimentation, disparate healthcare services, and willful blindness to the social determinants of health that contribute to people of color’s health status.”

Key to understanding race-related healthcare disparities and appropriate Spirit-empowered Christian responses is possibly to re-engage the Memphis Miracle of 1994 and the “Racial Reconciliation Manifesto” sponsored the Pentecostal Charismatic Churches of North America (PCCNA). A serious, critical, and constructive re-engagement of the Memphis Miracle of 1994 and its “Racial Reconciliation Manifesto” that promoted racial reconciliation could introduce new vocabulary, sensibilities, and ethics into the discourse of North American Pentecostals of all races as well as Spirit-empowered Christians on all continents. The re-embrace of the Memphis Miracle and the “Racial Reconciliation Manifesto” could lunge North American Pentecostal-Charismatic denominations into the future as leaders in advocating the reduction of race-related healthcare disparities and the advancement of healthcare justice for all people.²³

Re-engaging the “Racial Reconciliation Manifesto” could re-introduce the topics of racial equality, reconciliation, and equity as subjects and identify healthcare justice for people of color as a priority in promoting racial equity. This perspective would challenge discourses that espouse “colorblindness” in healthcare delivery by recognizing racism as an institutional reality that negatively impacts health systems and the life outcomes of people of color. A re-engagement of the Manifesto could commit Spirit-empowered Christians to supporting the call to end racist structures that produce healthcare disparities among the races as they “work against all forms of personal and institutional racism.” By adopting the distinction between personal and systemic racism made in the Manifesto, Spirit-empowered Christians and congregations could advance analyses of racism in healthcare institutions. Identifying racism as a sin expands racism from being merely a moral flaw or social problem, providing a framework to address issues such as race-related healthcare disparities.²⁴

Understanding racism systemically would frame race-related healthcare disparities as intertwined with racial privilege, prejudice, and power in the allocation of healthcare resources. Racism, according to William J. Wilson, leads one racial group, often white people, to garner the power to impose its racial prejudices on other racial groups; these non-white groups function in a subordinate manner within the society, ruled invisible in research on disease, pharmaceuticals, and public health initiative as well as underserved in the healthcare delivery system; hospitals, clinics, and physicians are fewer per capita than in majority white communities.

The race-related healthcare disparities exacerbated by the pandemic should garner government and public health funds in reducing these disparities in regards to the pandemic specifically and the overall health outcome indexes for African Americans, Latinx, and First Nations (Amerindians) from leading Black Pentecostal perspectives.

In support of the establishment of health clinics in communities underserved by the medical establishment, COGIC congregations and the denomination itself have illustrated the partnerships between faith and science. Clinics have been sponsored in urban centers like Detroit (MI) by New St. Paul, in towns like Hayward (CA) by Glad Tidings International COGIC, and rural communities in the Global South. Within the Global South, COGIC has also sponsored medical mission trips staffed with doctors and nurses to countries in the Caribbean, South America, Africa, and Asia.

Conclusion

The concerted efforts of COGIC in addressing the pandemic can be a factor in containing “the spread of COVID-19 pandemic and decrease morbidity and mortality.” COGIC facilitates preventive behavior “changes based on faith motivations and worldview” by ensuring that the public health recommendations they support square with COGIC’s moral “values and religious practices.” Therefore, in providing “relevant health messaging” from a Spirit-empowered Christian perspective, COGIC advances public health by promoting scientifically-informed and medically sound measures that are consistent with Scripture and COGIC theology.²⁵

In “leading by example” in its denominational and congregational modification of its religious practices in compliance with public health measures related to the pandemic, COGIC participates in the civic arena as a “transformational” leader. It models best practices in preventing the transmission of the virus. It defuses “fear and mistrust” by engendering hope and fostering trust amidst the pandemic. It enters the public arena as a national and global institution constructively engaging science and promoting public health, serving as “a trusted intermediary between the government and local communities.” It illustrates the vital role congregations and denominations can play in educating people about where to locate reliable scientific information about best public health practices regarding preventing and limiting the transmission of the virus as well as about vaccines to protect against the virus. Within the context of “infowars,” or information wars, a greater chance for reliable information to be heard and believed exists when more institutions like COGIC disseminate reliable information and counter misinformation. This reliable information can “facilitate” preventive behavior that lessens the spread of the virus.²⁶

By being located in communities underserved by medical establishments and other institutions, COGIC congregations are crucial intermediaries between the government and the people because of its “close proximity” to the people most infected and affected by the virus and many of these congregations themselves being comprised of people from these vulnerable populations. By being “embedded in local communities” and maintaining “relationships of trust and familiarity,” COGIC congregations offer a “comparative advantage” in conferring credibility to public health initiatives addressing the COVID-19 pandemic. By COGIC congregations serving as COVID-19 testing and vaccination sites, they are part of the healing infrastructure that connects prayer and medicine.²⁷

The leadership of Bishop Charles Edward Blake, Sr., and the Church of God in Christ has offered a model of a Pentecostal engagement of science, public health, and faith that is theologically based, medically informed, and scientifically sound.



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Notes

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² Michele Dillon, *Post-Secular Catholicism: Relevance and Renewal* (New York: Oxford University Press, 2018), 7, 11, 9.

³ Dillon, *Post-Secular Catholicism*, 8.

⁴ Frederick L. Ware, “Theology and Science: Disciplines at the Limits of Pentecostal Discourse,” in *The Routledge Handbook of Pentecostal Theology*, ed. Wolfgang Vondey (New York: Routledge, 2020), 461, 460, 461.

⁵ *Church of God in Christ Official Manual* (Memphis, TN: Church of God in Christ Publishing House, 1973), 131, 135, 136.

⁶ Charles E. Blake, Sr., “Presiding Bishop’s Statement on COVID-19,” 11 March 2020, n.p., <https://www.cogic.org/covid19/files/2020/03/Bishop-Blake-letter-Covid-19-2.pdf> (12 February 2021).

⁷ Blake, “Presiding Bishop’s Statement on COVID-19,” 11 March 2020, n.p.

⁸ Charles E. Blake, Sr., “Presiding Bishop’s Statement on COVID-19,” 18 March 2020, n.p., <https://www.cogic.org/covid19/presiding-bishops-covid-19-update-3-18-20/> (12 February 2021).

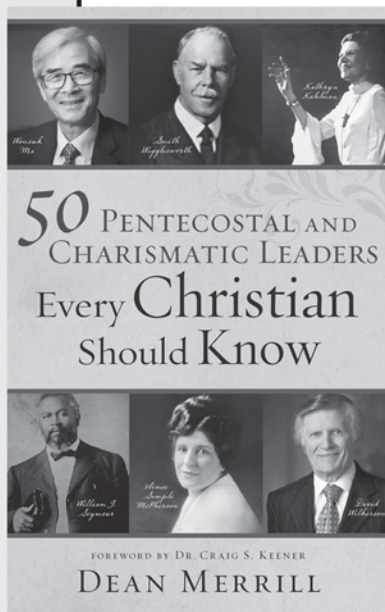
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- ¹⁶ Dr. Herbert Davis, interview by author, 13 February 2021; Rev. C. Edward Watson, atty., interview by author, 17 February 2021.
- ¹⁷ *Church of God in Christ Official Manual*, 131.
- ¹⁸ *Church of God in Christ Official Manual*, 131.
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- ²⁰ *Church of God in Christ Official Manual*, 136.
- ²¹ *Church of God in Christ Official Manual*, 138.
- ²² *Church of God in Christ Official Manual*, 137.
- ²³ Leonard Lovett, Cecil Robeck, Harold Hunter, and Ithiel Clemmons, “Racial Reconciliation Manifesto,” *Pentecostal Charismatic Churches of North America*, 1994, n.p., <http://pctii.org/manifesto.html> (20 April 2020).
- ²⁴ Lovett et al., “Manifesto,” n.p.
- ²⁵ “Church Agencies and Faith-Based Organizations in COVID-19 Humanitarian Response,” *Can Do*, April 2020, n.p., 200401 Role of Churches and FBOs in COVID response_FINAL[2].pdf (icvanetwork.org) (12 February 2021).
- ²⁶ “Church Agencies and Faith-Based Organizations in COVID-19 Humanitarian Response,” n.p.
- ²⁷ “Church Agencies and Faith-Based Organizations in COVID-19 Humanitarian Response,” n.p.

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