Book Review: Theology in the Age of Global AIDS & HIV (Trentaz)

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Cassie Trentaz, chair of the Department of Religion and Christian Ministries and assistant professor of Theology, Ethics, and Church History at Warner Pacific College in Portland, Oregon, presents both a historical narrative and an ethical argument about the ongoing global HIV/AIDS pandemic. Using womanist ethics, Trentaz convincingly argues that the United States generally, and the American church in particular, have often played less-than-savory roles when it comes to response to the disease and those who suffer from it—and that those roles have led to an ongoing complicity in the spread of the disease. She shows that this is especially the case for those in “risk categories” that the Western church has often marginalized, including women, people of color, those in the LGBTQI community, and residents of the global South/East.

Trentaz breaks the books into three parts. Part one lays out the framework that describes the creation of risk groups and environments by the U.S. Centers for Disease Control and Prevention that were intended to help clinicians identify those at higher risk for the contraction of HIV/AIDS, but instead often functioned as a list of those who were perceived to pose greater risks to so-called innocents. Included in this section is an assessment of how the American church has been largely unwilling to risk itself with regard to serving those who have contracted the disease.

Part two specifically describes the complicity of the church in both rejecting those with HIV/AIDS and refusing to provide material assistance to the fight against the pandemic, largely through the use of a Neoplatonic theology that is more interested in the moral and spiritual condition of the patient than in the physical well-being of the individual. Trentaz argues that this philosophy collaborates with conservative theology in the idea of “the Great Chain of Being,” which places white males (who are considered more spiritual and moral) at the top of the chain and women of color (who are considered more physical and corruptible) at the bottom of the chain, with those closer to the bottom threatening to infect those closer to the top. Additionally, she argues that the church’s moralizing over social sin has led it to reject those who contract the virus outright as deserving of the sickness and death that they will face, and that the church’s abdication of its responsibility to substantially help the poor ensures that the disease is much more fatal to those who inhabit higher risk categories, most of whom also are much more likely to experience lives of poverty.

Part three consists of what Trentaz sees as possibilities for the West and the church to redeem themselves in this crisis through engaging in “risk sharing” with those who have contracted the virus or those who are at a higher risk of doing so. Trentaz offers a theological anthropology that sees people and their bodies in a different light and that provides hope for a truly Christian response to those facing HIV/AIDS. She finishes this section by providing concrete suggestions for the church on how it can help to improve the situation. In the back matter, Trentaz also provides a primer on HIV for those less familiar with the disease, as well as a brief political history of HIV and AIDS in the United States.
Trentaz’s book is both excellently researched and written, and should be required reading for anyone wanting to become fully conversant in the discourse surrounding the global HIV/AIDS pandemic and the role of the church in responding to such issues.

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